

Only for students currently studying at another U.S. institution wishing to transfer their I-20.

TO BE COMPLETED BY THE STUDENT

STUDENT NAME		ADMISSION NUMBER	
SEVIS ID# (IF AVAILABLE)		TRANSFER RELEASE DATE	
CURRENT ADDRESS			
CITY	STATE	ZIP	COUNTRY
TELEPHONE			

**The admission number is the 11-digit number found on the top left corner of your I-94 form.*

I give permission for my present school to release the information requested on this form.

X

SIGNATURE OF STUDENT

DATE

I certify that all above information is true.

TO BE COMPLETED BY THE INTERNATIONAL ADVISOR

1. Is this student currently attending the same school that s/he was last authorized by USCIS to attend?

☐ YES ☐ NO

☐ Student did not report to this school.

☐ Student reported to this school, but did not complete registration or attend classes.

☐ Student is currently enrolled in a full-time program, and has been enrolled since MM / DD / YYYY.

☐ Student began studying in this program on MM / DD / YYYY and completed the course of study on MM / DD / YYYY.

☐ Student is in reinstatement or change of status proceedings.

☐ Other _____.

2. Has this student had any financial problems with your institution?

☐ YES ☐ NO

3. To the best of your knowledge, is this student "in-status" with the INS?

☐ YES ☐ NO

X

SIGNATURE OF SCHOOL DSO

NAME AND TITLE

I certify that all above information is true.

SCHOOL NAME AND ADDRESS

MM / DD / YYYY

DATE