

Previous Enrollment / F-1 Status Verification Form

Submission of this form indicates a student's intention to transfer and verifies that the student was in full time status at the institution last authorized to attend. This form should be completed by both the student and present student advisor and sent to the student's transfer in school.

To be Completed by Student:

Name:				
Date of Birth: / / Student ID number at your previous or current school:				
(Month) (da	te) (year)			
Address where you want	vour I-20 sent:			
Telephone:		Email:		
Do you plan to leave the cou	ntry before beginning c	lasses at your new school?	Yes / No (Circle One)	
I hereby authorize the inform	ation below to be relea	sed and I authorize the schoo	I named below to release my SI	EVIS record to Olympic College.
Signature:		Date:		
To be Completed	d by the Desig	gnated School O	fficial/ Student Ad	visor:
The above named studen	t, SEVIS ID #			
Completed/Will complet	e studies on this da	ite:// \$	SEVIS Release Date:/	I
Is an acceptance letter ne	eded by your instituti	on? Yes	No	
Did the student have prob Attendance Satisfactory Academi Behavior		following? Please explain	below.	
Other Additional In				
was/ was not in s t	atus at the conclusion	se of study on/ on of studies. (If out of stati this date CPT:	_/ Graduated? Yes us, please explain.) 	No
Next possible start date at	current school	011		
Please release student to	Olympic College. S	SEVIS ID # SEA214F0024	3000 if transfer is approved.	
Name of School	Name & Title	e of School Official	Signatur	re Date
School Address:				
Phone Number:		Email:		

Please return this form to Olympic College. (Email to international@olympic.edu or fax to 360-475-7454). Thank you.