SEVIS Transfer Verification

To be completed by student:

Name: ____________________________________________
   (Family Name) (Given Name) (Middle Name)

Phone: ___________________________ Email: ________________

I give permission to the Principal Designated School Official (PDSO) or Designated School Official (DSO) of my current institution to verify the information above and to release my electronic SEVIS record to Spelman College.

Signature: ___________________________ Date: ______________________

Previous School Information:

Name of School: ____________________________________________

Name of ISA/DSO: ____________________________________________

Phone: ___________________________ Fax: _________________________

SEVIS School Code: ___________________________ Transfer Release Date: ______________________

Check one:

_______ The student is in status and in good standing with the institution.

_______ The student is out of status; a reinstatement request was filed on ________

Attached are the USCIS documents.

Additional Comments:

____________________________________________________________________

Last semester/quarter attended ______________________

Revised 8-26-16
I certify that the above information is correct.

<table>
<thead>
<tr>
<th>DSO/PDSO Name/Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>Signature of DSO/PDSO</td>
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<tr>
<th>Name and Address of Institution</th>
<th>Telephone</th>
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Please fax or scan this form with a color copy of passport, I-94, visa, and all previous I-20s to Attention: Rokhaya Fall
Email: rfall@spelman.edu | Mailing address: 350 Spelman Lane, S.W. Box 343 Atlanta, Georgia 30314 | Phone: 404.270.5681

Revised 8-26-16