

## 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 \_\_\_\_\_



Rokhaya Fall  
Gordon-Zeto Center for Global Education  
350 Spelman Lane SW Box 343  
Office 404-270-5681  
Fax 404-270-5539  
E-mail: rfall@Spelman.edu

**I certify that the above information is correct.**

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DSO/PDSO Name/Title

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Signature of DSO/PDSO Date

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Name and Address of Institution Telephone

**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**

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