

TRANSFER RELEASE FORM

Student to Complete

I permit my current school to release information about my school transfer.

Student Name (Please print)

Student Signature

Date

Advisor to Complete

This student is transferring to Faith International University, Tacoma WA.

School code: **SEA214F00368000**

Please fill out this form and return it by FAX or mail.

Faith International University
3504 North Pearl Street
Tacoma WA 98407
FAX: 253.759.1790
Tel: 253.752.2020

Student Name

Admission Number (I-94)

SEVIS ID#: _____

Is student currently enrolled? Yes _____ No _____

Last date of attendance: _____

Is student in status to your knowledge? Yes _____ No _____

Comments: _____

Has student met all financial obligations while attending your institution? Yes ____ No ____

Comments: _____

Last authorized vacation quarter or under-enrollment: _____

Periods of authorized employment: OPT _____ CPT _____

Date of SEVIS release: _____

Advisor Signature

Date

Advisor Name (Please print)

School Name

Phone

Email

School Address