



# Transfer-In Verification Form

## Valdosta State University

### Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • PHONE 229.333.7410

FAX 229.245.3849 • WEB [www.valdosta.edu/iss](http://www.valdosta.edu/iss) • EMAIL [iss@valdosta.edu](mailto:iss@valdosta.edu)

SCHOOL CODE **ATL214F00227000**

#### **PART I: STUDENT INFORMATION - To be filled out by student**

SEVIS ID#

COUNTRY OF CITIZENSHIP

DATE OF BIRTH (MM/DD/YYYY)

*Note: Please make sure that your name is exactly as it appears on your passport/I-20.*

LAST NAME

FIRST NAME

GENDER  Female  Male

EMAIL

PHONE #

Student's Signature Authorizing Release of Information \_\_\_\_\_

#### **PART II: SEVIS INFORMATION: To be filled out by a Designated School Official**

Dates student attended institution

SEVIS RECORD RELEASE DATE

FROM

TO

**Please select all following applicable statements below:**

Student is currently in status, and SEVIS record will be active at time of transfer.

STATUS OF SEVIS RECORD IF NOT ACTIVE

DATE OF LAST STATUS CHANGE

COMMENTS REGARDING STUDENT'S STATUS IF NOT ACTIVE

Student is currently in good academic standing.

NAME AND TITLE OF DSO

SIGNATURE

DATE SIGNED

NAME OF INSTITUTION

EMAIL

PHONE #

*Please either fax or email back the completed form to the Center for International Programs.*