



Center for International Studies

Transfer Release Form

Please sign the release of information section of this form and give it to your International Student Advisor at the educational institution you now attend or most recently attended.

I grant permission for the information requested below to be released to Wake Forest University.

Applicant's Name Applicant's Signature Date

After completing your current program of study, will you be leaving the U.S. prior to beginning your program of study at Wake Forest University? Yes No

(If "Yes," please provide the address where you would like to have your I-20 sent.)

To: USCIS Designated School Official

The above named student has qualified academically for admission to Wake Forest University. In compliance with USCIS regulations, we request confirmation of his/her status at your institution before approving transfer to this school. Please complete the following and fax to: International Student Advisor, Wake Forest University Center for International Studies, P.O. Box 7385, Winston-Salem, NC 27109 Fax: (336) 758 4809

J-1 Program Sponsor Number: P-1-0232

F-1 School Code: ATL214F10298000

Current Immigration Status:

F-1 F-2 J-1 J-2 Other

Admission # on I-94 Card: SEVIS ID #

Exchange Visitor (EV) Program # (If Applicable): Category:

- The student/EV is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by the INS.
The student/EV is out of status and a reinstatement to student status was filed on and is pending. Please enclose copies of documents filed with the USCIS.
The student/EV is out of status and we will advise him/her to apply for reinstatement upon receipt of the new I-20 from Wake Forest University.
Other:

Date of last attendance at your institution:

SEVIS transfer release date:

Please indicate the dates of any practical training (curricular, practical, or academic) in which the student has participated:

Curricular to; Optional to; Academic to

Name and title of designated school official completing this form Signature

Name of institution Telephone No.

Address Date