

I-20 TRANSFER VERIFICATION FORM

To be completed by student:

Student Information and Authorization

Please sign the release of information section of this form and submit it to the international student advisor at the institution you now attend or most recently attended.

I grant permission for the information below to be released to California Baptist University.

Student Name (please print name)

Student Signature

Date

To be completed by the current/former institution's international student advisor:

The student above has been accepted for admission to California Baptist University (LOS214F00086000). We would like confirmation of the status of this student at your institution before approving transfer. If the student's SEVIS record is still active and in appropriate status, please designate the date on which you plan to release the record to us. Please complete this form and scan a copy to internationaladmissions@calbaptist.edu.

Name of Student: _____

SEVIS Number: _____

Name of School: _____

School Phone: _____

School Address: _____

School Fax: _____

Dates of Attendance: _____

Student's non-immigrant status: _____

Release Date: _____

Name and Title (please print clearly)

Signature

Date