

Please complete the top portion of this form, and have the bottom portion completed by the International Student Advisor at the school you currently attend.

TO BE COMPLETED BY THE STUDENT

Family Name _____ Given Name _____

Soc. Sec. **Or** ID # _____ I-94 # _____

I hereby grant permission for the information requested below to be forwarded to Fairfield University.

Signature

Date

TO THE DESIGNATED SCHOOL OFFICIAL (DSO)

The above named student has been admitted to Fairfield University. In accordance with pertinent government regulations, we request that you confirm her/his status at your institution so that we may process a transfer in SEVIS.

Please complete the following and return this form to the student, or mail it or fax it to us at:

Office of International Students • Dolan House 105
Fairfield University • 1073 North Benson Road • Fairfield, Connecticut 06824
Fax: (203) 254-4261

- What is the student's SEVIS ID#? _____
- What is the student's SEVIS "Transfer Release Date"? _____
- Is the info. completed by the student above correct? Yes No
- To the best of your knowledge, is this student currently maintaining his/her lawful status in the United States? Yes No
- If "No," please explain: _____

- Is / was the student pursuing a full course of study? Yes No
- Please indicate this student's dates of attendance (not I-20 dates) at your institution _____ to _____
- Please list any periods of Optional or Curricular Practical Training: _____

Signature of DSO

Name and Title of DSO

Date

Name and Location of Institution