



INTENT TO TRANSFER INTO EVANGEL CHRISTIAN SCHOOL

Student Name: _____ Date of Birth: _____

Current Address: _____

Phone Number _____ Email Address: _____

SEVIS I-20 ID Number: _____

To Student: Please Complete all of the information above, sign the release below, and give this form to the international student advisor at the school you are attending now or most recently attended.

Release of Information

I grant Permission for the information requested below to be released to Evangel Christian School

Student Signature: _____

Date: _____

To Designated school official: the above named student has qualified academically for admission to Evangel Christian School (SEVIS School Code: NYC214F01924000). We request confirmation of this student's status at your institution.

1. Current Immigration Documentation and Status (Check all that apply)

- I-20 with completion date of: _____
- The student is in good standing and has been pursuing a full course of study
- The student is out of status. Please explain: _____

2. Date of last attendance at your school: _____

3. Transfer-out Release Date in SEVIS: _____

Name and Title of DSO

Signature

Name and Address of Institution

Telephone Number

Fax Number

E-mail

Please return this form to:

International Student Office
Evangel Christian School
39-21 Crescent Street, Long Island City, NY 11101
Phone 718-937-9600 Fax 718-706-8669.