

<u> — 1852 — </u>

## 

TO BE COMPLETED BY STUDENT:					
Last (Family) Name:		First Name:			Middle Name:
				Ta	
Loyola Student ID#:	E-mail Address:			Phone Number:	
I give permission to release the information  (name of current school)					
requested below in order to complete the transfer of my F-1 SEVIS record to Loyola University Maryland.					
Student's Signature			Date		
				l .	
TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT CURRENT SCHOOL:					
Institution: Address:					
Student's SEVIS ID Number:			Release date in SEVIS:		
Dates of enrollment at your institution:			From:		To:
Did the student enter the United States with your 1 202			☐ Yes	□ No	
Did the student enter the Unites States with your I-20?			Li res	□ NO	
Student is currently in legal F-1 status?			☐ Yes	☐ No	
Student is eligible for F-1 transfer to Loyola University Maryland?   Yes   No					
, , ,					
If "No" to any of the above, please explain:					
Practical training or other F-1 off-campus employment authorization used (type of employment and dates):					
Signature: Printed Nam			<b>:</b> :		Date
	T			1 .	
Title: E-mail:				Phone:	
	1				

Please scan and email a copy of student's current I-20 along with this form to our director at skbhatia@loyola.edu. Thank You.

PLEASE NOTE: IN SEVIS, LOYOLA IS LISTED AS LOYOLA UNIVERSITY MARYLAND: BAL214F00009000