

Arlington Campus- 1550 Wilson Boulevard, Garden Level* Arlington, VA 22209
Tel: (703) 524-1100* Fax: (703) 524-7681* E-mail: sramirez@lado.edu

School Code: WAS214F01012000

Part 1

To be completed by the student requesting to transfer to LADO International Institute

I, _____, give _____ permission
(Student's full name) (Last school attended)

to release the information requested below in order to complete my transfer to :

LADO International Institute, Arlington Campus

Student' signature _____ Date: _____ (MM/DD/YYYY)



Dear student, you are responsible to forward this form to the last Institution attended, and also request the International Student Advisor/Designated School Official- P/DSO to return this form to LADO International Institute- Arlington Campus.

Part 2

To be completed by the International Student Advisor/Designated School Official- P/DSO from which the student named above is transferring from:

2. a Dates of Full-Time enrollment at your Institution: _____ to _____

2. b Student's last date of attendance (END OF ATTENDANCE OR AUTORIZED VACATION OR OPT):

| M | M | D | D | Y | Y |
|---|---|---|---|---|---|
| | | | | | |

2. c Is this student eligible to transfer in-status in the SEVIS system?

YES NO

If the answer is **NO**, please comment why.



AN ACCEPTANCE LETTER WILL BE PROVIDED TO THE STUDENT ONLY AFTER ADMISSION TO LADO INTERNATIONAL INSTITUTE AND AFTER RECEIPT OF THIS FORM. PLEASE RELEASE SEVIS RECORD ONLY UPON PROOF OF ACCEPTANCE TO LADO INTERNATIONAL INSTITUTE.

2. d SEVIS release date: _____ SEVIS ID #N _____

Signature of the Designated School Official _____ Date: _____

Printed name of the Designated School Official: _____

E-mail address: _____

Name of the School: _____

Address of the School: _____

Phone number: _____ Fax number: _____