

Arlington Campus- 1550 Wilson Boulevard, Garden Level\* Arlington, VA 22209  
Tel: (703) 524-1100\* Fax: (703) 524-7681\* E-mail: rfischer@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: \_\_\_\_\_