



I-20 Transfer Request

To Be Completed by Student and Parent/Guardian:

Name: _____ , _____ _____ Last name (Family or Surname) First Name Middle name		
Telephone Number: _____	Email: _____	
Mailing Address: _____ _____ _____ _____ _____ City State Zip Country		
Country of Birth: _____	Country of Citizenship: _____	
Date of Birth: ____ / ____ / ____ Month Day Year	Gender: Male / Female	Current Grade: _____
<p>By signing below, I authorize _____ to provide the School information requested and release my record on ____ / ____ / ____ Month Day Year so I may transfer to <u>Rainier Christian Schools</u>.</p>		
_____	_____	_____
Parent/Guardian Signature	Print Name	Date

To be Completed by PDSO/DSO or Designated School Official:

SEVIS I.D. Number: _____	
The student is enrolled full-time, in good standing, eligible for transfer: Yes ___ No ___ If no, please explain: _____	
The student's current I-20 end date: ____ / ____ / ____ Month Day Year	
The student is out of status: Yes ___ No ___ If yes, please explain: _____	
If the student is eligible for a transfer, please indicate the date on which your institution will release the student in SEVIS for transfer: ____ / ____ / ____ Month Day Year	
Institution Name: _____	Institution Address: _____
DSO (Designated School Official) Name: _____	DSO Title: _____
Signature: _____	Date: _____
Phone: _____	Email: _____