INSTRUCTIONS TO STUDENT:
International students currently in the US must request that their SEVIS record be released by their current educational institution. Please sign this release of information form and have your International Student Advisor at your current institution complete the form and send it back to Arcadia University.

Name of Student: ____________________________________________
Last Name  First Name  Middle Name

Name of Current Educational Institution: __________________________

I intend to transfer from the educational institution above and grant permission for the information requested on the following page to be released to Arcadia University.

__________________________________________________________  ______________________________
Student’s Signature                                      Date

INSTRUCTIONS TO PDSO or DSO:
The student whose name appears above has qualified academically for admission to Arcadia University (SEVIS School Code PHI214F00282000). In compliance with government regulations, effective May 22, 1987, we request confirmation of the student’s immigration status at your institution before approving transfer to Arcadia University.

Please complete the following page and fax it along with a copy of the I-20 or DS-2019 and I-94 card per my attention to (215) 517-2399. Thank you for your assistance. If you have any questions, please feel free to contact me.

Sincerely,

Meredith Mashner
Assistant Director, Office of International Affairs
Arcadia University
450 South Easton Road
Glenside, PA 19038
Tel: 267.620.4843
Email: mashnerm@arcadia.edu
TO BE COMPLETED BY THE DSO:
PLEASE COMPLETE THE FORM BELOW AND ATTACH A COPY OF THE STUDENT’S I-20 OR DS-2019 AND I-94 CARD.

Student Name: ____________________________________________
   Last Name   First Name   Middle Name

This student has been entered into SEVIS with the SEVIS # ____________________________.

The student’s program end date on the ___ I-20 or ___ DS-2019 is ____________________.

Exchange Visitor Program # ____________________________ Category __________________

I-94 Number ______________________ SEVIS Transfer Release Date ______________________

___ The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status).

___ The student is out of status and a reinstatement was filed on _________________ at USCIS District ________________ and is pending. (Please enclose copies of documents filed).

___ The student is out of status and will be advised to apply for reinstatement upon receipt of a new I-20AB from Arcadia University.

Dates of any practical training in which the student has participated:

Curricular _______________ Optional _______________ J-1 Academic _______________

I certify that the information provided is true to the best of my knowledge.

_________________________________________   ________________________________
Signature                                      Name & Title of DSO

_________________________________________
Name of Institution

_________________________________________
Date

_________________________________________
Name of Institution

_________________________________________
Address

_________________________________________
Telephone Number

_________________________________________
Email