**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LFCC Student ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the student:** Please complete this portion of the form and submit it to the International Student Advisor at your current college.

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to release information necessary to complete my transfer to Lord Fairfax Community College.

[ ]  I am attending the Middletown Campus (School Code: WAS214F00695000)

[ ]  I am attending the Fauquier Campus (School Code: WAS214F00695001)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s signature) (Date)

**To the International Student Advisor:** This student intends to transfer to Lord Fairfax Community College. Please provide the following information regarding this student:

1. Dates of full-time enrollment at your institution: From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_.

2. Student’s level of education sought at your institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. Date of graduation or termination of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. To the best of your knowledge, has the student acted in accordance with DHS regulations

 and is the student eligible to transfer under F-1 regulations? \_\_\_\_\_\_ YES \_\_\_\_\_ NO

5. SEVIS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Release date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. A copy of the student’s I-20

DSO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DSO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_