

1600 Chester Avenue, Bremerton, WA 98337-1699 U.S.A. Phone: (360) 475-7412 Fax: (360) 475-7454 Email: international@olympic.edu

Previous Enrollment / F-1 Status Verification Form

Submission of this form indicates a student's intention to transfer and verifies that the student was in full time status at the institution last authorized to attend. This form should be completed by both the student and present student advisor and sent to the student's transfer in school.

To be Completed by Student:

Name:				
Date of Birth:	1	Student ID number at your	previous or current school:	
(Month)	(date) (year)			
Address where you w	ant your I-20 sent:			
Telephone:		Email:		
Do you plan to leave the	country before beginning	classes at your new school? Y	es / No (Circle One)	
I hereby authorize the in	formation below to be rele	eased and I authorize the school nar	med below to release my SEVIS record to	Olympic College.
Signature:		Date:		
•	-	signated School Offic	cial/ Student Advisor:	
			IS Release Date://	
Is an acceptance lette	r needed by your instit	ution? Yes	No	
Attendance Satisfactory Acad Behavior Other Addition last attended/	emic Progress al Information: _ completed his/her cou	e following? Please explain belowing Please explain belowers are of study on//_sion of studies. (If out of status, page of studies).	Graduated? Yes No	
is on an official va had periods of pra		n this date CPT:		
Please release studer	nt to Olympic College .	SEVIS ID # SEA214F00243000) if transfer is approved.	
Name of School	Name & T	itle of School Official	Signature	Date
School Address:				
Phone Number:		Email:		

Please return this form to Olympic College. (Email to international@olympic.edu or fax to 360-475-7454). Thank you.