

Student:

Please complete the top portion of this form, then take it to the International Student Advisor at the school you are presently attending for verification and signature. If you have questions, please call (208) 426-1757 or e-mail <mailto:interntl@boisestate.edu>.

Student's Complete Name: _____

Student ID Number: _____ Date of Birth: _____

I hereby give my permission for _____ to release the following information to Boise State University.
(Name of school presently attending)

Student's Signature _____ Date _____

International Student Advisor or DSO:

The above student has applied for admission to Boise State University. Please complete the following information for the above student and mail or fax this form back to:

Boise State University, International Admissions, 1910 University Drive, Boise, Idaho 83725-1320. Fax (208) 426-3765

Student Visa Classification/Status: F-1 J-1 M-1

SEVIS Identification Number: _____ Transfer Release Date: _____

(This is the date on which a student's SEVIS Transfer will take effect)

- Yes No The student has maintained status and is eligible for transfer to Boise State University
Yes No The student is currently enrolled. If no, what is the last date of the students attendance _____
Current I-20 Expiration date _____

Comments:

Signature of School Official: _____ Date: _____

Name of School Official: _____ Telephone Number: _____

E-mail: _____

Name and address of School: _____
