

SARAH LAWRENCE COLLEGE

International Student Services

Sarah Lawrence College F-1 Transfer Verification Form

(Please use this form if you are coming to SLC from another U.S. school)

Name of Student: _____
Family Name Given Name

Date of Birth: _____ SEVIS ID#: _____
mm/dd/yyyy

Institution: _____

Address: _____

Student Signature: _____ Date: _____

To be completed by Designated School Official:

SEVIS Release Date: _____
(or earliest completion date so that we can expedite I-20)

Please release SEVIS record to Sarah Lawrence College under the following school code in SEVIS:
NYC 214F00753000

To the best of your knowledge, is the student in good standing? Yes ___ No ___

DSO/Adviser Name and Title (print) _____

Email: _____ Phone# _____

Signature: _____ Date: _____

Undergraduate students email to regoff@sarahlawrence.edu

Graduate students email to tpettford@sarahlawrence.edu

International Student Services
1 Mead Way
Bronxville, NY 10708