

International Programs
Lewis-Clark State College
500 8th Avenue
Lewiston, ID 83501
Phone: 208-792-2210 Fax: 208-792-2876

Only for students transferring to LCSC from other U.S. universities:

1. Fill out the privacy release at the top of the Request for Information on F-1 transfer Student Form. Give it to the Designated School Official at your current school for completion.
2. Mail copies of your passport identity page(s), U.S. visa(s), all I-20s, and INS Forms I-94 to International Programs at LCSC.

REQUEST FOR INFORMATION ON F-1 TRANSFER STUDENT

Student Privacy Release --- To Be Completed by the Student:

Name: _____ **INS Admission #:** _____

(Family) (First) (Middle) (from I-94)

Last quarter/semester/term attended: _____

I hereby authorize a Designated School Official at my current school to provide the information requested below to Lewis-Clark State College.

Signature: _____ **Date:** _____

Signature of Student

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To Be Completed by the Designated School Official:

A. The above-named student:

___ Is enrolled full-time at this school. Term: _____ Dates: _____

___ Is enrolled less than full-time because: _____

___ Completed their program of study at this school on: _____

___ Did not complete a program of study. Last known date of attendance was: _____

B. To the best of my knowledge the above-named student is:

___ In status with regard to Immigration & Naturalization Service regulations.

___ Out of status because: _____

and has been advised that a reinstatement will be required by the new school.

___ A reinstatement to student status is pending.

C. Computation of authorized practical training:

Full-time Curricular: _____ month(s) _____ day(s)

Full-time Optional: _____ month(s) _____ day(s)

Part-time Optional: _____ month(s) _____ day(s)

My school is on a _____ Semester _____ Quarter _____ Trimester _____ Other system.

Name of Institution: _____

Address of Institution: _____

Name and Title: _____

Signature: _____ **Date:** _____

Thank You!