



TRANSFER-OUT FORM

Name (Please print): _____
Last (Family) First (Given)

Birthdate (MM/DD/YYYY): _____ Email: _____

Address: _____ Phone: _____

Semester/Term (Spring/Summer/Fall) and Year you will finish studying at LCSC: _____

Name of the school transferring to: _____

Address: _____ Phone: _____

I hereby authorize a Designated School Official at Lewis-Clark State College to transfer my SEVIS record to the school specified above.

Signature: _____ Date: _____
Signature of Student