



BREWSTER ACADEMY

80 Academy Drive Wolfeboro, NH 03894
Phone: (603) 569-1600 Fax: (603) 569-7199

I-20 Student Transfer Release Form

Please complete this form **ONLY** if you are leaving a U.S. academic institution to enroll at Brewster Academy.

Section I: To Be Completed by Transfer Student

Name of Student: _____
(please print) Last Name First Name Date of Birth (mm/dd/yy)

Home Address: _____
City/ State Zip Country

I hereby grant permission for the information requested below to be made available to Brewster Academy.

Student Signature Parent/Guardian Signature (print name) Date (mm/dd/yy)

Section II: To Be Completed by Designated School Official (DSO)

The student named above has applied to attend Brewster Academy. Please provide the information requested, sign and return this form to Brewster Academy Office of Admission so that we may determine the student's eligibility for transfer according to Title 8 CFR 214.2(F) (8) (ii). **Brewster Academy SEVIS School Code: BOS214F00382000**

A. VERIFICATION OF F-1 STUDENT STATUS IN SEVIS

- F-1 Student's SEVIS Identification Number: N _____
- Enrollment Dates at your institution: _____
- End date of current OPT period (if applicable): _____
- F-1 Student's Transfer Release Date in SEVIS: _____

B. STUDENT'S ELIGIBILITY FOR TRANSFER BY NOTIFICATION

_____ I hereby confirm that, to the best of my knowledge, the above-referenced student **IS** considered to be maintaining lawful F-1 status and is eligible for transfer.

_____ I hereby confirm that, to the best of my knowledge, the above-referenced student **IS NOT** eligible for transfer for the following reason(s). Please attach separate sheet if additional space is needed.

Name of School

Phone Number

E-mail Address

DSO Signature

DSO Name (print)

Date (mm/dd/yy)