



<http://www.rainiercsd.org>

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SEA214F00561003

(RCHS)

SEA214F00561001 (RCMS)

I-20 Transfer Request

To Be Completed by Student and Parent/Guardian:

Name

Last Name (Family or Surname) First Name Middle Name

Telephone Number _____ E-mail

Mailing Address

City _____ State _____ Zip

Country of Birth _____ Country of Citizenship

Date of Birth _____ / _____ / _____ Current Grade

Month Day Year

Male _____ Female _____

By signing below, I authorize _____ to provide the

_____ School
information requested and release my record on _____ / _____ /

Month Day Year

so I may transfer to **Rainier Christian Schools.**

_____/_____/_____
Parent/Guardian Signature Month Day Year

To Be Completed by PDSO/DSO or Designated School Official:

SEVIS I.D. Number

The student is enrolled full-time, in good standing, eligible for transfer: Yes _____ No _____

If no, please explain:

The student's current I-20 end date is: _____/_____/_____
Month Day Year

The student is out of status: Yes _____ No _____

If yes, please explain:

If the student is eligible for a transfer, please indicate the date on which your institution will release the student in SEVIS for transfer:

_____/_____/_____
Month Day Year

Institution Name

Institution Address

DSO (Designated School Official) Name

DSO Title

Signature

Date _____ / _____ / _____
 Month Day Year

Phone

Email address
