



Transfer In Form

Student Must Complete:

In accordance with the Family Education Rights and Privacy Act, I _____ give my
(First Name & Last Name)
current school _____ permission to release any information from my files that they
(Name of Current School)
feel is necessary for completing the transfer to University Language Institute. This includes directory
information, grades, attendance, finances, immigration status, and any other information that they deem
necessary to complete this form. **Student Signature:** _____

DSO or PDSO of Current School Must Complete

Please return this form to ULI along with last available student transcripts by fax, email, or in a sealed envelope:

1. Is the student currently in status? YES NO
COMMENTS: _____
2. What dates did/will the student attend your school?
FROM: _____ TO: _____
3. Do you have any objections to the student transferring? YES NO
COMMENTS: _____
4. How would you prefer to be notified of the student's acceptance to ULI so that you can release the student's SEVIS record?
 E-MAIL MESSAGE COPY OF ACCEPTANCE LETTER PHONE CALL
 TRANSFER FORM (please attach) OTHER _____
5. While attending your school, did the student ever exhibit academic, attendance, financial, physical, or emotional problems? YES NO
COMMENTS: _____
6. OTHER COMMENTS: _____

Name of School _____
City _____ State _____
Name of DSO or PDSO Completing Form _____
Phone _____ Fax _____ E-Mail _____
Signature _____ Date _____