Dear International Student:

The following information is needed to complete your request for an I-20 from New River Community College. The Designated School Official (International Student Advisor) at your current school needs to provide us with information about your USCIS (US Citizenship and Immigration Service) status. You need to complete Section I of this form and have your Designated School Official complete Section II and send the enclosed form to the following address:

Sheila Hart  
New River Community College  
School Code: WAS214F00678000  
5251 College Drive  
Dublin, VA 24084  
Office: Rooker Hall 135, Admissions Office  
Phone: (540) 674-3603 Toll Free: 1-866-462-6722 ext. 4204  
Fax: (540) 674-3644  
E-mail: shart@nr.edu

Section I: STUDENT must complete this section.

I give permission for the information requested below to be sent to New River Community College:

<table>
<thead>
<tr>
<th>Last/Family Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Citizenship</th>
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Signature _______________ Date _______________

SECTION II: DESIGNATED SCHOOL OFFICIAL at present school must complete this section.

1. To the best of your knowledge, has this student remained in status with the USCIS and is eligible to transfer? YES ___ NO ___

2. Has this student met all financial obligations while attending your institution? YES ___ NO ___

3. Was this student enrolled in full-time study last semester? YES ___ NO ___

4. Please list the types and duration of any authorized Practical Training:
   _________________________________________________________________________________
   _________________________________________________________________________________

5. SEVIS Release Date: ____________________ SEVIS ID# ________________________________

6. Additional Comments/Explanations:
   _________________________________________________________________________________
   _________________________________________________________________________________

_______________________________________________________________________________________
_______________________________________________________________________________________

_______________________________________________________________________________________
_______________________________________________________________________________________

Name of School Official (please print) ___________________________ Signature of School Official and Date ___________________________

Title of School Official ___________________________ Telephone Number ___________________________