



Global Education STATUS VERIFICATION REQUEST

Request to report SEVIS status from your current school to (select one):

- Spokane Community College** - 1810 N Greene St | MS 2151 | Spokane WA 99217-5399
Phone: 509-533-8118 | Fax: 509-533-8683 | School Code: SEA214F10032000
- Spokane Falls Community College** - 3410 W Fort George Wright Dr | MS 3011 | Spokane WA 99224-5288
Phone: 509-533-3242 | Fax: 509-533-8683 | School Code: SEA214F10276000
- Spokane Falls Community College - Pullman Campus** - 115 NW State St | Pullman, WA 99163
Phone: 509-332-8969 | Fax: 509-332-5087 | School Code: SEA214F10276001

F-1 or M-1 visa holders should present this form to the International office at the school they are currently attending. Request that the completed form be emailed to globalprograms@ccs.spokane.edu or faxed to: 509-533-8683. The admission and transfer-in process cannot be completed until this form is returned to the college you have indicated above.

TO BE COMPLETED BY THE STUDENT

| | |
|---|------------|
| Family Name: | First name |
| Current U.S. Address: | |
| Foreign Address: | |
| Telephone: | Email: |
| Send my new I-20 to: <input type="checkbox"/> Current US address <input type="checkbox"/> foreign address <input type="checkbox"/> I'll pick up | |

I give permission for my present school to release the information requested on this form.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

| | | |
|--|---------------|-----------------------------------|
| Student's SEVIS ID: | Today's Date: | |
| Name of School: | | |
| School Address: | | |
| Advisor Name: | Telephone: | Email: |
| Type of program: <input type="checkbox"/> English <input type="checkbox"/> Undergraduate <input type="checkbox"/> CPT/OPT dates: <input type="checkbox"/> Other: | | |
| Is this student currently attending the school that s/he was last eligible in SEVIS to attend? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Has this student had any financial problems with your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Student's Start Date: | | Expected Last Date of Attendance: |
| PLEASE DO NOT RELEASE SEVIS RECORD UNTIL STUDENT PRESENTS ACCEPTANCE LETTER. | | |
| Do you consider the student in status? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, please explain: | | |
| Transfer Release Date: | | |

Signature of School DSO

Name & Title