HAMILTON HIGH SCHOOL

REQUEST FOR INFORMATION ON F-1 TRANSFER STUDENT

Date: _____

To: International Student Advisor/DSO at _____
(name of school)

The following student: _____

SEVIS Number (if known): _____

Has been accepted for admission to Hamilton High School in Chandler, Arizona, for the _____ semester of the 20____ school year. Once you are satisfied that the student really wants to transfer out of your school, please assist him/her by following the SEVIS transfer-out procedure.

Name of school: Hamilton High School INS School Code PHO214F51740000

To complete the SEVIS transfer procedure, we must verify that the student was in valid F-1 status at your school in the term preceding the transfer. Please indicate below if you can certify the status of this student. Please mail or fax your reply to me. Thank you!

Rosemary Gallo, PDSO
Hamilton High School
3700 S. Arizona Ave.
Chandler, AZ 85248
Phone: 480 883-5000
Fax: 480 883-5024
Email: gallo.rosemary@cusd80.com

STUDENT PRIVACY RELEASE: (Student requesting transfer must sign here.)

I hereby authorize the Designated School Official at my current school to provide the information requested.

_____ _____
Signature of Student Date

TO BE COMPLETED BY THE TRANFER-OUT SCHOOL DSO:

Student's SEVIS number: _____ Release Date: _____

_____ I certify the violations-free-status of this student under DHS regulations

_____ I am unable to certify lawful status for the following reason(s): _____

Printed Name of DSO: _____

Signature of DSO: _____

Date: _____ Phone: _____

Email: _____