

## **SEVIS TRANSFER VERIFICATION FORM**

Complete only if you have attended another college, university or secondary school in the U.S.A. Please type or print clearly. Complete the following information and send or give it to the International Student Advisor at the U.S. institution which you currently attend or most recently attended. Your advisor should mail the completed document to: **Brenau University Office of Admissions, 500 Washington Street SE, Gainesville, GA 30501**. This information is required for your application to Brenau University and is considered confidential.

Name:	Last/Family,	First	Middle
Mailing Address:			
Telephone #:			Email Address:
Country of Citizenship	o:		Date of Birth:  Month/Day/Year
Current Visa Type:			Gender: ☐ Female ☐ Male
Are you married?	☐ Yes ☐ No	If "Yes" does your spouse hole	d a dependent visa? ☐ Yes ☐ No Visa Type:
I want to begin classe	s at Brenau Uni	versity in the	semester. Classes begin on:
give permission for	my present scho	ool to release the information r	equested on this form and to release to Brenau University my
SEVIS record.			
Signature of Student:			Date:
<ul><li>Student did</li><li>Student repo</li></ul>	not report to th	is school. ool, but did not complete regis	uthorized by the INS to attend? ?
			and completed the course of study on
			day of attendance was
	•	•	s, the SRC number (if known) is
			☐ Yes ☐ No If yes, please explain on the reverse side.
		•	NS?
Transfer release date			school code for the Gainesville, GA campus is ATL214F0005300
Signature of Advisor:			Date:
Name (Printed or Typ	oed):		Title:
Name of Institution:			
Fmail Address:			Telephone #: