



NOTICE OF INTENT TO TRANSFER

Section 1: To be completed by student

Name: _____ Date of Birth: ____/____/____
Family Name First Name Middle Name Month Day Year

☐ **LASC Irvine Campus**
LOS 214F 14840001

☐ **LASC Los Angeles Campus**
LOS 214F 14840000

☐ **LASC Rowland Heights Campus**
LOS 214F 16450000

I wish to transfer to LASC and hereby authorize you to provide them with the information request below.

Student Signature

Date

Section 2: To be completed by Designated School Official at the previously attended school

Name of Institution: _____

Address: _____

Phone: _____ Fax: _____

INS School File Number: _____ 214F

SEVIS student #: _____

Date of Attendance: From _____ To _____

Expected Last Date
Of Attendance: _____

Date SEVIS I-20
will be released: _____

Is this student currently in status? ☐ YES ☐ NO

If not, please explain. _____

Signature

Print Name and Title

Date