

_____, grant permission for the information requested below to
(Print name)
forwarded to the University of Louisiana at Lafayette.

Signature: _____ Date: _____

Address in Your Home Country: _____

Current Mailing Address: _____

Telephone: _____ mail: _____

Please Note: If you are traveling outside the U.S. prior to enrolling at Lafayette, you will need the new SEVIS ID to reenter the U.S. Please indicate how you would like to receive your SEVIS ID:

_____ Prepaid FedEx, DHL, or UPS envelope I will pay for the courier service (Suggested)

_____ Regular mail sent to the U.S. address listed on my application (If lost in mail, a new SEVIS ID will not be issued until 30 days after the date of the first one issued.)

_____ I will obtain the SEVIS ID during orientation as I will be in the U.S. (If you are not in the U.S., you will need to obtain the SEVIS ID before you arrive.)

00).

1. Date of enrollment: _____

2. Is this student in lawful immigration status? Yes _____ No _____

3. Has this student met all financial obligations to your school? Yes _____ No _____

4. SEVIS transfer release date _____ (DSO Release date must be entered for SEVIS ID to be transferred.)

5. SEVIS ID number: _____

Advisor Name _____ Date _____

Signature _____ Telephone _____

School Code _____ Fax _____

E-mail _____