



AUTHORIZATION OF RELEASE OF INFORMATION FOR INTERNATIONAL STUDENTS

Student Name: _____ Term: _____ Date: _____

Please sign the release of information statement and give this form to your International Student Advisor at the school you now attend or most recently attended:

I grant permission for the information requested below to be released to Piedmont Virginia Community College.

Student Signature

Date

DESIGNATED SCHOOL OFFICIAL: PLEASE COMPLETE THIS FORM

The above named student has requested admission to Piedmont Virginia Community College. In compliance with SEVIS regulations we request confirmation of his/her status at your institution before approving transfer to this school. Please complete the following information and return it to:

ATTN: International Advisor
Piedmont Virginia Community College
501 College Drive
Charlottesville, VA 22902
admissions@pvcc.edu
Fax: 434.961.5425

PVCC's SEVIS School Code: WAS214F00789000

1. Current Academic and Immigration Status: (Please check the appropriate boxes)

- The student is in compliance with their F-1 visa status.
- If you cannot check the box above, please explain

2. Last date of attendance at your school: _____

3. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated: Curricular _____ Optional _____

4. _____
Name and Title of Designated School Official Completing Form _____ Signature _____

Name of Institution _____ Date _____

Address of Institution _____ Telephone Number and Email _____

Address Line 2 _____

City, State, Zip Code _____