



UNIVERSITY OF LOUISIANA AT LAFAYETTE

(F-1 TRANSFERS FROM U.S. INSTITUTIONS)

Please read this form carefully and sign it in the space provided. Present this form to the International Student Advisor at the school you are attending. This form must be received before the transfer SEVIS I-20AB can be issued.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_