Department of International Students **Transfer Clearance Form**



Instructions

Mail or Email form as requested.

Mailing Address

Grayson College Department of International Students 6101 Grayson Drive, Hwy 691 Denison, TX 75020-8299 **Email**

Audra Talley Assistant Director of Enrollment Management talleya@grayson.edu

Filled	by Stud	lent
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i inca by Stauciic			
Student's Last Name	First Name	Middle Name	
SEVIS I-20 ID#			
I give permission to my present sch	ool to release the information	tion requested on this form.	
Student Signature	Date		
Filled by Designated School	ol Official		
SEVIS record to be released upon p	roof of acceptance. Anticip	pated release date:	
Please mark all statements that are	true about this student:		
Student is currently in good starting. The student has cleared all finate. Student is on academic probat. Student is on OPT. Expiration of starting.	ancial obligations with our ion or suspension. late:	institutition.	
not transfer student without ar	<u>-</u>	issal are not eligible to transfer. Please do Grayson College.	
Name of DSO	Title	e of DSO	
Name of Institution			
Address of Institution			
Phone	_ Fax	Email	
Signature of DSO		Date	