

Houghton Academy
International Student F-1 Visa
Student Transfer Request

To be completed by student:

Name (Your name should match the name of your passport exactly.)

Last/Family Name	First Name	Middle Name
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By signing this form, you authorize your current school to complete this form and release the information to Houghton Academy.

Student Signature	Date
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To be completed by the Designated School Official:

Name of Designated School Official	Title
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Name of Institution

Address	City	State	Postal/Zip Code
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Email	Phone Number
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The above student has been accepted at Houghton Academy (SEVIS School Code: BUF214F00598000) as a transfer student from your school. Please complete the information below and fax (585-567-8048) or email (admissionsteam@houghton.academy) the form to us. Thank you for your help.

Student's SEVIS Number _____

Student's transfer release date: _____

Student's dates of attendance at your school: from _____ to _____

Student is _____ In Status, _____ Out of Status because _____

Signature of Designated School Official	Date
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