



Return by
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Student Information & SEVIS Record (I-20) Transfer Authorization

Student Section

Last Name: _____ First Name: _____ Middle Name: _____

Social Security # _____ Country of Citizenship: _____

Birthdate: _____ Birth City: _____ Birth Country: _____

Foreign Address: _____

City/State/Province: _____ Postal Code: _____ Country: _____

**Interim Address: _____

City/State/Province: _____ Postal Code: _____ Country: _____

** Address where you will be after leaving your current school and before arriving at Lyon College.

I authorize the release of my information.

Student Signature

Date

International Student Advisor Section

Student Visa Type: _____ Visa Expiration Date: _____ Currently in status? Y or N

When was the student last considered to be a full-time student at your institution?

Semester: _____ Year: _____ Date semester ended: _____

Is the student in SEVIS? Y or N SEVIS ID# _____

If yes, is the student's record currently in SEVIS as transfer out to Lyon College (**Code NOL214F10344000**)?

Please choose: ___ Yes When is the release date? _____

___ No The reason no is _____

Degree received (if any): _____ Date: _____

Signature of DSO: _____ Date: _____

Printed Name & Title: _____

Phone Number: _____ Email: _____