



Office of International Services  
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## Transfer Verification Form

### To Be Completed By the Student

Family Name	First Name	Middle	GSU ID
Phone Number		Date of Birth (mm/dd/yy)	Email Address

**Current Address:**

Number	Street	City	State	Zip Code
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*I grant permission for the information below to be released to the Office of International Services at Governors State University. I verify that the information provided is true and correct.*

Signature of Student	Date
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### To Be Completed By the Advisor

Please complete the bottom portion of this form for the F-1 or J-1 student listed above and submit the completed form to the Office of International Services at Governors State University. The address and fax numbers are listed at the top of the form.

**SEVIS School Code for Governors State University:**      **F-1: CHI214F00656000**      **J-1: Please Contact OIS**

SEVIS ID Number	SEVIS Release Date (mm/dd/yy)
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### Student Advisor Information

Name	Title
Institution	Phone Number
Email Address	

*I verify that the information provided above is true and correct.*

Signature of Advisor	Date
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