## **I-20 School Transfer Form - Student Section**

Student Name:(Family Name)	(Given Name)	(American Name)
I authorize my current International A additional information requested below	dvisor to verify the above inforn	<u>=</u>
(Signature)	(Date)	
I-20 School Trans	sfer Form - International Adviso	or Section
The student named above has notified located at 39 Academy Street in William that we may complete the transfer process.	nsville, New York. Please answe	
Student Name:(Family Name)		
(Family Name)	(Given Name)	(American Name)
	tarting Date:  for the following reason:  ding to immigration regulations	
SEVIS release date:		
(Signature of International Advisor)	(Printed Name)	(Date)
(Name of School)	(Phone Number	er)
(Street Address, City, State, Zip Code)		
Please return this form email to:	Katie Miller International Student Program Coordinator Email: kmiller@christianca.com Phone: 716-634-4821 x 401 SEVIS School Code: BUF214F51972000	