Laryssa Petryshyn International Student Office 320 Porter Ave. Buffalo, NY 14201

INSTRUCTIONS TO APPLICANT: Please complete all of the following items before submitting to the Designated School Official or Responsible Officer at your current school. **MAKE SURE THIS FORM IS SENT TO THE ADDRESS ABOVE.**

Name of applicant:	LD. No:	DOB	
(Family Name) (First Name) (m/d/yr) In accordance with the provisions of the Family Educational and Privacy Act of 1974, P. L 93-380 with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.11 and 99.12,			
I [] Do [] Do not waive my right of access to, and review of, this document I am requesting. (NOTE: If you check DO the document will be confidential. If you check DO NOT the document is not confidential) I hereby authorize the Designated School Official to release the following information:			
Signature of Applicant:	Dat	e:	
TO THE DESIGNATED SCHOOL OFFICIAL: The student named above is applying to D'Youville College. Before we issue a Certificate of Eligibility SEVIS form I-20 or DS-2019 we require the following information be on file in our office. We would very much appreciate your answers to the following questions. Please return or fax the report to the address above.			
1. What is the current immigration sta	atus of the applicant?		
2. Is your school the last school the student was last authorized to attend? Yes No			
 3. If F-1, a. What is the student's Admission number (as indicated on the Form I-94?			
If not, why			
Comments:			
Date Print name of Designated Scho	ol Official Signature	of Designated School O	fficial
Name and Address of Institution	 T	Celephone number	