FORT HAYS STATE UNIVERSITY

STUDENT INFORMATION RELEASE AUTHORIZATION

Dear Student:

Please fill in the Student Section information below, sign and date the form, and take to your current Foreign Student Advisor to have it completed. You are required to return the form to the Fort Hays State University Office of International Student Services. If you have any questions, please contact the office at the address listed at the bottom of this form. Thank You.

STUDENT SECTION		
Surname/Family Name:	Given/First Nam	e: Middle Name:
Social Security #:	Country of Citizenship	D:
Birth Date (mm/dd/yyyy):	Birth City:	Birth Country:
Foreign Address:	•	•
City/State/Province:	Postal Code:	Country:
Current U.S. Address:		
City:	State:	Zip:
Interim Address:**		
City/State/Province:	Postal Code:	Country:
Telephone:	Current E-mail:	
**Address where you will be after leaving your current school and before arriving at Fort Hays State University (if different).		
I authorize the release of my info		Date:
FOREIGN STUDENT ADVISOR SECTION		
	Visa expiration date:	Is this student currently in status? Y 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? Yes SEVIS ID number:		
No If not, anticipated date of entry into SEVIS:		
If yes, is the student's record currently in SEVIS as <i>transfer out</i> to Fort Hays State University?		
Yes When is the release d	late? No The reason for No is:	
Please indicate below any Curricular, Optional Practical or Academic Training granted to this student:		
Complete for J-1's only: Program number: Sponsor:		
Length of time in U.S.:	Category in #4 of IAP-	66/DS-2019:
Signature of DSO/RO/ARO: Phone number: Printed name and title:		
Institution Name and Address	•	
Date:		
	E-mail:	
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PLEASE RETURN BY MAIL OR EMAIL TO:

Fort Hays State University International Student Services 600 Park Street Hays, KS 67601

Phone: (785) 628-4176 E-mail: international@fhsu.edu