

Academic Verification Form

Section 1: (to be completed by student) AUTHORIZATION FOR RELEASE OF STUDENT RECORDS TO THIRD PARTY

I authorize any staff member of _____
(Name of student's current school)

to release information concerning my attendance and/or academic records to the following person(s):

Any staff member of UC San Diego Division of Extended Studies International Student Services.

_____ Date

Student's signature in English

_____ Student's program and ID number at current school

Student's name in block-printed letters (English)

Student: Please give this form to your academic advisor AND Designated School Official (DSO) at your current English language school to be completed and returned to us at the email address or fax number above.

Section 2: (to be completed by academic advisor)

Student's Name: _____ Date of Birth: _____

Has the above-mentioned student been in attendance at your school for 4 weeks or more? (YES/NO) _____

Dates of attendance: _____

Has the student received any grade below "C"? (YES/NO) _____

Please rate the student in the following areas of their current/most recent session:

Attendance	100%	90%	80%	70%	60%
Academic Effort	90-100%	80-89%	70-79%	Below 70%	

Advisor's Name: _____ Title: _____

Advisor's signature: _____ Date: _____

Phone: _____ Email: _____

School address: _____

Section 3: (to be completed by Designated School Official)

Is the student maintaining status and is eligible to transfer; SEVIS record is "Active"? (YES/NO) _____

DSO's Name: _____ Phone/Email: _____

DSO's Signature: _____ Date: _____

Phone: _____ Email: _____