



HAMILTON HIGH SCHOOL

REQUEST FOR INFORMATION ON F-1 TRANSFER STUDENT

Date: _____

To: International Student Advisor/DSO at _____
(name of school)

The following student: _____

SEVIS Number (if known): _____

has requested to transfer out from Hamilton High school and in to your school for the _____ semester of the 20____ school year. Once you are satisfied that the student really wants to transfer in to your school, please assist him/her by following the SEVIS transfer-in procedure. In order for me to transfer the student out, I need the following information:

Name of school: _____

INS School Code _____

If you have any questions, do not hesitate to contact me.

Sincerely,

Rosemary Gallo/PDSO
Hamilton High School
3700 S. Arizona Ave.
Chandler, AZ 85248
Phone: 480 883-5000
Fax: 480 883-5020
Email: gallo.rosemary@cusd80.com