



Charles
Wright
Academy

Charles Wright Academy
7723 Chambers Creek Road West
Tacoma, WA 98467
(253) 620-8373
(253) 620-8357 (fax)

Notice of Intent to Transfer

Applicant Section:

Name: _____

Last

First

Middle

SEVIS #: _____ Admission # (I-94) _____

Date of Birth: ___/___/_____ Program Start Date: __August 1, 2010_____

Signature: _____ Date: _____

By signing the above, I agree that I will be attending Charles Wright Academy, I also give permission to my former school to release any records.

International Student Advisor Section: (to be completed by Transfer-Out Institution)

This is to verify that the above named student has applied and been admitted for admission to Charles Wright Academy. Please provide the following information:

Name of Institution: _____

Address: _____

Dates of current session of last session attended: _____ to _____

Last date of attendance: _____ SEVIS release date: _____

Current Status: _____

Designated School Official (SEVIS): _____

Title/Phone Number: _____/_____

Email: _____

INS School File Number: _____

Thank you, we appreciate your cooperation

Please return this form to Devon Morris, Charles Wright Admissions, by fax: (253) 620-8373
or by email: dmorris@charleswright.org