

**International Student Services**

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## 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 Extension 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 eligible to transfer; SEVIS record is "Active"?    YES    NO

DSO's Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

DSO's Signature: \_\_\_\_\_ Date: \_\_\_\_\_