



CARLISLE

Lead. Excel. Succeed.

Form I-20 Transfer Request

Consent for Release:

I hereby authorize _____
Name of School

to transfer the Form I-20 of

Name (Printed) Date of Birth

to Carlisle School (code WAS214F01215000).

Estimated Transfer/Release Date _____

Please forward above information to: Carlisle School
Attn: Admissions Office
PO Box 5388
Martinsville, VA 24115
Fax: 276.632.9545

Parent/Guardian Signature Date

Admissions Office
PO Box 5388
Martinsville, VA 24115
276.632.7288
Fax: 276.632.9545
www.carliseschool.org