



U. S. Department of State
REQUEST FOR TRANSFER OF VISA

ORIGINAL REGISTRATION
DATE (*mm-dd-yyyy*)

FULL NAME (*Last, First, Middle*) (*Please Print*)

DATE OF BIRTH (*mm-dd-yyyy*)

PLACE OF BIRTH (*City, or Town, Province, Country*)

VISA RECORD TO BE TRANSFERRED

FROM

TO

I hereby request at my own risk the transfer of my visa record and agree to assume full responsibility for any loss or other damage that may result from the transfer of any original or irreplaceable documents in my file.

SIGNATURE:

PRESENT ADDRESS:

DS-3098
04-2002