

 <p align="center">U. S. Department of State REQUEST FOR TRANSFER OF VISA FILE</p>	<p>ORIGINAL REGISTRATION DATE <i>(mm-dd-yyyy)</i></p>
<p>FULLNAME <i>(Last, First, Middle) (Please Print)</i></p>	<p>DATE OF BIRTH <i>(mm-dd-yyyy)</i></p>
<p>PLACE OF BIRTH <i>(City, or Town, Province, Country)</i></p>	
<p align="center">VISA RECORD TO BE TRANSFERRED</p>	
<p>FROM</p>	<p>TO</p>
<p>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.</p>	
<p>SIGNATURE: PRESENT ADDRESS: DS-3098 04-2002</p>	