

Recertification Attestation Statement

I, _____, Primary Designated School Official (PDSO) of _____, an institution certified by the Student and Exchange Visitor Program (SEVP), attest that the following is true:

The attached Form I-17 is true and accurate and is one of the documents submitted in petition for recertification of my institution's participation in the SEVP. I have read, understand, and comply with all Federal regulations relating to nonimmigrant students. I understand that the SEVP may request additional evidence as requested for Recertification, and that the submission of this statement does not complete the Recertification process.

Additionally, I attest that:

- **My institution is accredited by the following nationally recognized accrediting agency (list full agency name, acronyms are not acceptable) :**

- **My institution is licensed, authorized, registered, or exempt from registration by the following state regulatory agency:**

- **I am a citizen / lawful permanent resident of the United States and maintain copies of a passport, birth certificate and/or green card for myself and all DSOs employed by my institution. Additionally, copies of these documents are readily accessible and are available to the SEVP upon request.**

Printed name of PDSO

Signature of PDSO

Date: _____

THE SECTION BELOW APPLIES TO SCHOOLS THAT ARE CERTIFIED TO ISSUE I-20s FOR ENGLISH LANGUAGE TRAINING. ONLY SELECT ONE OF THE FOLLOWING:

- **I attest that the English Language training conducted through this institution is completely governed by the institution. There is no outside ownership or partnership of any kind concerning the administration of this institution's English Language training program. Additionally, the English Language Training program is accredited by the institution's nationally recognized accrediting agency or another Department of Education approved accrediting body.**

Printed name of PDSO

Signature of PDSO

OR

- **My institution partners with an outside entity to conduct English Language Training.**

Printed name of PDSO

Signature of PDSO

Date: _____