

SEVIS RELEASE AUTHORIZATION FORM

Transfer out Form

TO BE COMPLETED BY STUDENT: (Please Print Clearly)

Last Name:	First Name:		
Student ID #:	Date of Birth:		
SEVIS ID #:			
I request that the office of International Se student record in SEVIS (Student and Exc below on the specified date.			
I understand that once the transfer is comp be able to make changes or access my S responsibility of the new school.			
Release SEVIS record to:			
	(Name of Transfer College)		
Release on this date:			
Student Signature		Date	
International Student Advisor only			
Date record was released in SEVIS:			
Transfer Eligibility Form requested by scholl yes, was it completed?	ool? Yes Yes	No No	
Comments			