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 Services at Eastern Mennonite University release my F-1 student record in SEVIS (Student and Exchange Visitor Information System) to the school noted below on the specified date.

I understand that once the transfer is completed in SEVIS Eastern Mennonite University will not be able to make changes or access my SEVIS record. All SEVIS processing will then be the 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 school?	Yes	No
If yes, was it completed?	Yes	No

Comments_____
_____
_____