SEVIS TRANSFER RELEASE FORM
(Transfer from University of Virginia)

Date: ____/____/_____ (MM/DD/YYYY) **E-mail**:_____

1. **Name**:_____
Family Name **First Name** **Middle Initial**

2. **UVA ID or SS Number**_____ **Student's Phone #**_____

3. **SEVIS ID Number**: N_____

4. **Semester you are transferring**: _____

5. To which school do you plan to transfer? _____
School address _____
Phone #_____ Fax # _____

6. Have you received an official letter of admission from the above named school?

NOTE TO STUDENT: Once the SEVIS record release date passes, University of Virginia will no longer have access to your SEVIS file and can make no changes to your transfer request or any other information. Upon release date of SEVIS record, the new school may issue a transfer I-20. The student is required to contact the International Office at the new school within 15 days of the program start date listed on the new school's I-20.

By signing this form, I confirm my intent to transfer to (name of school) _____and **therefore authorize the University of Virginia to release my SEVIS record to the school named above.**

_____ _____/_____/_____
Student's Signature **Date**

** **SEVIS Record Release Date**: _____/_____/_____ _____
(Last day of current semester or last day of current employment with UVA) **Student's Initial**

PDSO/DSO Signature: _____ Date_____

Return form to: **International Studies Office**, **University of Virginia**, **Box 400165**, **Charlottesville**, **VA 22904-4165** or **fax to 434-982-3011**

University of Virginia, International Studies Office, Phone: 434-982-3010, Fax: 434-982-3011