## Request for SEVIS Record Release



All students transferring to Saint Elizabeth University must have this form completed by the Designated School Official of the school they are currently attending or most recently attended prior to receiving their I-20.

## PART I: To be completed by the student

l intend to transfer	to Saint Elizabeth University in th	e (Fall/Spring) semester of	20
Name (printed):			
	(Last/Family)	(First/Given)	(Middle)
SEVIS ID Number:			
	(The number that starts with "N", follo	owed by 10 digits, found at the	top right corner of your form I-20)
Transfer Release Da	ate (from current school):		_
Program Begins (at	Saint Elizabeth University):		
I grant permission	to have the information below re	leased to Saint Elizabeth Ur	niversity.
Signature			// Month Date Year

## PART II: To be completed by the Designated School Official

Please complete the information requested below and return via email, fax or mail.

□ To my knowledge, the above student is currently in lawful F-1 status according to U.S. Immigration regulations.

□ The above student was in lawful F-1 status according to U.S. Immigration regulations when last enrolled here. This was \_\_\_\_\_\_. (Please list date or semester of last attendance.)

□ The above student is not in lawful F-1 status according to U.S. Immigration regulations and according to my records for the following reason: \_\_\_\_\_\_

(Please enclose any information available that would be helpful in a reinstatement application.)

The student has been authorized for the following Practical Training benefits:

□ No Practical Training has been authorized for the student.

 Optional
 Full-time: \_\_\_\_\_ months \_\_\_\_\_ days

 Curricular
 Full-time: \_\_\_\_\_ months \_\_\_\_\_ days

Part-time: \_\_\_\_\_ months \_\_\_\_\_ days
Part-time: \_\_\_\_\_ months \_\_\_\_\_ days

\_\_\_\_/\_\_\_/\_\_\_/\_\_\_\_/ Month Date Year

Signature of Designated School Official

Name, Title and School (printed)

Phone