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

I intend to transfer to Saint Elizabeth University in the (Fall/Spring) semester of 20__. 

Name (printed): ____________________________________________________________________________________ 

(Last/Family) (First/Given) (Middle) 

SEVIS ID Number: __________________________________________________________________________________ 

(The number that starts with "N", followed by 10 digits, found at the top right corner of your form I-20) 

Transfer Release Date (from current school): ________________________________ 

Program Begins (at Saint Elizabeth University): ________________________________ 

I grant permission to have the information below released to Saint Elizabeth University. 

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 Part-time: _____ months _____ days

☐ Curricular Full-time: _____ months _____ days Part-time: _____ months _____ days

__________________________________________________________________________ 

Signature of Designated School Official ______/_____/_____ 

Month Date Year 

Name, Title and School (printed) Phone