

REQUEST TO RELEASE SEVIS RECORD

As an F-1 visa holder, you have a SEVIS record with the U.S. federal government. Only one U.S. institution has access to your SEVIS record at any time. If you have been studying at Kansas State University or are participating in OPT recommended by the ISSS and now plan to attend another U.S. educational institution, your SEVIS record must be released by the ISSS to the new institution. After the release date, the new institution will be able to issue a new I-20 for you. By completing this form, you are giving the ISSS permission to release your SEVIS record.

Name _____ WID _____
Family Given
E-mail address _____ Phone Number: _____

Will you be graduating from Kansas State University: _____
If yes, what is your expected completion date: _____

I am requesting to TRANSFER TO ANOTHER INSTITUTION.

I have been admitted Yes No
(Please attach a copy of admission letter.)

The institution I plan to transfer is: _____
Name of college, university, or institution
for the _____ semester/term which will begin on _____.
(mm/dd/yyyy)

*Transfer Release Date: _____
(mm/dd/yyyy)

**Transfer release date is the date on which your SEVIS record will electronically transfer to the new school. The new school cannot issue a new I-20 until after this release date.*

- You must begin your studies within five months of ceasing your studies at K-State or within five months of the expiration date of your EAD card if you are currently participating in OPT (Optional Practical Training).
- ISSS must release your SEVIS record to the new institution no later than 60 days from the completion of your studies or the expiration of your EAD card.
- I understand that ON or AFTER the release date, I **cannot** change this request in any way.
- I understand that I CANNOT continue to work on the K-State campus after the transfer release date.
- If on OPT, I understand that my OPT will be terminated on the release date and I can no longer work after that date.

Student Signature

Date

If you change your plans and decide that you would like to cancel the transfer of your SEVIS records, please complete the following box.

CANCEL INTENT TO TRANSFER

I request that the International Student and Scholar Services cancel my request to transfer another institution. I will be enrolling at Kansas State University next semester.

Name _____

WID # _____

Signature _____

Date _____

Rev 5/09

International Student & Scholar Services
104 International Student Center, Kansas State University
Phone: 785.532.6448 Fax: 785.532.6607 Email: iss@ksu.edu www.ksu.edu/iss

OFFICE USE ONLY

SEVIS Record Release Requested:

SEVIS ID _____

Maintained full time status Yes No

Has student completed program/graduated? Yes No

If yes, the release date must be within 60 days of program completion or EAD expiry.

OPT record checked (if applicable) Yes No

Verify OPT dates with a copy of EAD card or check SEVIS RTI record.

If student submitted a "Transfer In" form from the new school, follow student and/or form instructions regarding return to student and/or faxing/mailling document to new school.

In RTI, click on Transfer out.

Choose the release date

Choose new institution/school

Write a comment: transferring to "XXX". Release date MM/DD/YY.

Return to Record and print page for documentation in file

In iSIS,

Enter comment in iSIS so record can be updated at next registration event.

Reminders:

1) If Exit Survey submitted, put in Sara's mailbox.

2) Note the 'discard' date on file folder (should be 5 years in the future)

3) Folder should be placed in "In-Active" files.

Staple all supporting documents to this application form and place in file.

OFFICE USE ONLY

Cancel Transfer Requested:

Request submitted and signed by student

SEVIS updated on _____ by _____

Comments: