REQUEST TO RELEASE SEVIS RECORD

As J-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 Kansas State University is your current program sponsor listed on your DS-2019 and you plan to change your sponsorship in order to attend another U.S. educational institution, your SEVIS record must be released by ISSS to the new program sponsor. After the release date, the new institution will be able to issue a new DS-2019 for you. By completing this form, you are giving ISSS permission to release your SEVIS record.

| Name: | | WID: | | | | |
|---|--|--|--|-----------------|----------------|---------|
| Family E-mail address: | | Given Phone Numb | oer: | | | |
| Country of Citizenship: Current Degree Program: | | | | | | |
| Current Degree Level: | English Language Program | Bachelor's | Master's | PhD | | |
| Current K-State str Recent graduate of Currently on Acad | ent (not yet enrolled or attended udent (currently enrolled) FK-State (Expected Completic | | ŕ | | | |
| o Degree F | program of study at new institute Program I will be pursuing at the Level at the new institution: | e new institution: | | helor's | Master's | PhI |
| Personal Rea | sons | | | | | |
| Please provide us with an | y additional comments you fe | el are important for us | s to know about y | our time at | K-State. | |
| | | | | | | |
| I have been admitted/a | ccepted to transfer toName of . | ,, L.1 Drogram Spangar | Dragram Cada | | | |
| £ 41 | Name of . | ::11 1: | Program Code | | | |
| for the | semester/term which w | ill begin on | (mm/dd/yyyy | <u> </u> | | |
| I am requesting my SE | VIS record be release to the abo | ove mentioned school or | (| | • | |
| *Transfer release date is | s the date on which your SEVIS until after this release date. | record will electronical | ly transfer to the n | ew school. | The new school | |
| **You must provide ISSS | S with a copy of the admission le | etter to your new school | | | | |
| PLEASE NOTE | | | | | | |
| All outstanding bill If you have any que You are responsible will be billed and at Notify Housing and I understand that O | your SEVIS record to the new institution is must be paid. Contact the Cahiers officestions regarding student health insurance for making sure all your classes are dree expected to submit payment. I Dining or your landlord of your plans of the Nor AFTER the release date, I cannot CANNOT continue to work on the K-St | ce with questions. The websit be fees, please direct them to i opped. Contact your academic to leave K-State. change this request in any way | e is http://www.k-statesss@ksu.edu . c department for instructions | .edu/finsvcs/ca | | es, you |
| | and that my AT will be terminated on th | = | | e. | | |
| | | | | | | |
| Student Signature | | | Σ | ate | | |
| | TO TRANSFER: I requer program sponsor. I will be | | | | | uest |
| Name: | | WID #: | | | | |
| Signature: | | Date: | | | | |

