

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

Given

E-mail address: _____ Phone Number: _____

Country of Citizenship: _____ Current Degree Program: _____

Current Degree Level: English Language Program Bachelor's Master's PhD

Current K-State Relationship:

New K-State student (not yet enrolled or attended or first semester at K-State)

Current K-State student (currently enrolled)

Recent graduate of K-State (Expected Completion date _____)

Currently on Academic Training

Reason for transferring:

Starting new program of study at new institution

○ Degree Program I will be pursuing at the new institution: _____

○ Degree Level at the new institution: English Language Program Bachelor's Master's PhD

Personal Reasons _____

Please provide us with any additional comments you feel are important for us to know about your time at K-State.

I have been admitted/accepted to transfer to _____, _____,
Name of J-1 Program Sponsor Program Code

for the _____ semester/term which will begin on _____.
(mm/dd/yyyy)

I am requesting my SEVIS record be release to the above mentioned school on _____.
(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 provide ISSS with a copy of the admission letter to your new school.*

PLEASE NOTE

- ISSS must release your SEVIS record to the new institution no later than 30 days from the completion of your studies.
- All outstanding bills must be paid. Contact the Cahiers office with questions. The website is <http://www.k-state.edu/finsvcs/cashiers/>
- If you have any questions regarding student health insurance fees, please direct them to iss@ksu.edu.
- You are responsible for making sure all your classes are dropped. Contact your academic department for instructions. If you do not drop your courses, you will be billed and are expected to submit payment.
- Notify Housing and Dining or your landlord of your plans to leave K-State.
- 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 AT, I understand that my AT will be terminated on the release date and I can no longer work after that date.

Student Signature

Date

CANCEL INTENT TO TRANSFER: I request International Student & Scholar Services cancel my request to transfer to another program sponsor. I will be enrolling at Kansas State University next semester.

Name: _____

WID #: _____

Signature: _____

Date: _____

KANSAS STATE
UNIVERSITY

International Student
& Scholar Services

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