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 tran	sfer to Saint Elizabeth Un	iversity in the (Fall	/Spring) semester o	of 20
Name (printed	l):			
	(Last/Family)		(First/Given)	(Middle)
SEVIS ID Numl	ber:			
	(The number that starts	with "N", followed by	/ 10 digits, found at th	ne top right corner of your form I-20)
Requested SE	VIS Record Transfer Date (from current scho	ol to new school): _	
I grant permiss	sion to have the information	on below released	to Saint Elizabeth I	University.
Signature			_	/
				Month Date Year
PART II. To b	pe completed by the I	Designated Sch	ool Official	
	ete the information reque			or mail
•	·			
☐ To my know regulations.	vledge, the above studer	t is currently in lav	wful F-1 status acco	ording to U.S. Immigration
	student was in lawful F-1 (Please	_	_	regulations when last enrolled ce.)
	student is not in lawful F- r the following reason:		_	on regulations and according to
(Pleas	e enclose any information	n available that wo	ould be helpful in a	reinstatement application.)
The student h	as been authorized for th	e following Pract	ical Training benef	its:
☐ No Practica	nl Training has been auth	orized for the stud	dent.	
☐ Optional	Full-time: mon	ths days	Part-time:	months days
☐ Curricular	Full-time: mont	hs days	Part-time:	months days
				/ /
Signature of Designated School Official				Month Date Year
Name, Title and School (printed)				Phone