



SEVIS Transfer-In Verification Form

Part 1: To be completed by student

Last Name:	First Name:
Date of Birth (mm/dd/yyyy):	SEVIS ID: N
Transfer Semester:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Year (yyyy):	

I authorize a Designated School Official (DSO) at my current school to release my SEVIS file and relevant student inform to SUNY Oswego (BUF214F00310000).

Student Signature:	Date (mm/dd/yyyy):
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Part 2: To be completed by a DSO of the current school

School Name:	
SEIVS School Code:	
Address:	
DSO/RO Name:	Title:
Email:	
Phone Number:	Fax:
Expected Student's SEVIS File Release Date (mm/dd/yyyy):	

Please check one.

The Student's SEVIS file is active	
The Student's SEVIS file is terminated and needs to be reinstated.	
Termination date (mm/dd/yyyy):	
Reason:	
The student has been out of status more than 5 months	
Approved for Optional Practical Training (mm/dd/yyyy)	
From:	To:
DSO Signature:	Date (mm/dd/yyyy):

Please email the completed form to: iss@oswego.edu or fax to 315-312-2477

International Student & Scholar Services | 102 Sheldon Hall, Oswego, NY 13126 | (315) 312-5775

Office Use Only: Date Received: _____ Advisor's Initials: _____