OSWEGO
STATE UNIVERSITY OF NEW YORK

SEVIS Transfer-In Verification Form

PART I

To be completed by student

Name: _____ / _____ / _____
             Family Name   First Name   Middle Initial

Date of Birth (mm/dd/yyyy):   _____ / _____ / _____   SEVIS ID# _____

Transfer Semester: ☐ Fall   ☐ Spring   ☐ Summer   Year: _____

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: _____

PART 2

To be completed by a DSO of the current school

Current School: _____

SEVIS School Code: _____

Address: _____

DSO Name: _____ Title: _____

Email: _____

Tel: _____   Fax: _____

Please check one.

☐ The Student's SEVIS file is active

☐ The Student's SEVIS file is terminated and needs to be reinstated. Termination date ____ / ____ / ___

     Reason: _____

☐ The student has been out of status more than 5 months.

☐ Approved for Optional Practical Training from _____ to_____

Expected Student's SEVIS File Release Date: ____ / ____ / ____

DSO Signature: _____ Date: _____

Note: Please release the student's SEVIS file to SUNY Oswego (BUF214F00310000)

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

International Student & Scholar Services, 100 Sheldon Hall, Oswego, NY 13126 (315) 312-5775