



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: iss@oswego.edu or fax to 315-312-2477.