## Bridgewater State University International Student and Scholar Services SEVIS Record Transfer-out Request Form

## This form is used only when a student has decided on the final college/university they will be attending.

Student's Name:				
Family/Last		Giver	n/First	
U.S. Address:				
Street Addres	š	Apa	artment	
City	State	2	ZIP Code	
U.S. Phone: ()	E-ma	ນ່າ:		
Banner ID#:	SEVIS	ID#:		
<b>Important School Informati</b> Name of School you will be tr				
Name of your school as listed (please ask a DSO of your new				
SEVIS School Code:				
(please ask a DSO of your new				
Address of School:				
Str	eet Address	City	State	ZIP Code
Name and Title of DSO:		Tel. No	.: ()	
Transfer Starting: Semester/Y	ear:	_ Reason for tran	sfer:	
Caution				
If your plans change and you de important that you inform the L				

different school, or cancel the transfer as long as you contact us <u>before</u> the release date. If you contact us with changes <u>after</u> the release date, we will no longer have access to your SEVIS record and, therefore, will not be able to make the changes that you request.

## **Student Acknowledgement**

I certify that all the information above is complete and correct. My SEVIS record cannot be transferred if any of the information required on this form is missing or inaccurate. I understand that **I must submit proof of admission** for my records to be released to the above school on the below mentioned release date. I also understand that transferring my SEVIS record prior to my OPT end date will cancel the remaining OPT period. **Requested Release Date:** \_\_\_\_\_\_\_\_

	Month / Day / Year
Signature:	Date:
the	submitting this form electronically without a signature. Despite the lack of a signature, I certify that nformation contained in this form is complete, true and correct to the best of my knowledge and llection.