



J-1 SEVIS Record Transfer-Out Request Form

To initiate a transfer of your SEVIS record from SUNY-ESF, please submit your completed J-1 *SEVIS Record Transfer-Out Request Form* and a copy of the acceptance letter from transfer institution to the Office of International Education.

Important Information Regarding Transfers

1. Students requesting a SEVIS record transfer from SUNY-ESF to another institution must provide proof of their admission to the transfer institution with this Transfer-Out Request Form (e.g., a copy of the official acceptance letter).
2. Students must apply for a SEVIS transfer within 30 days from the last date of attendance at SUNY-ESF or completed Academic Training. Requests beyond this 30-day period require students to leave and re-enter the U.S. using a DS-2019 issued by the new institution.
3. Once a student's SEVIS record is transferred on the release date, SUNY-ESF no longer has access to the SEVIS record. The new institution is responsible for maintaining the SEVIS record and issuing updated documents.
4. A transferred student is no longer eligible for on-campus employment at SUNY-ESF or SU after the SEVIS record release date.
5. It is the student's responsibility to provide all of the information requested below. Incomplete forms will not be processed.

Transferring Student's Information

Full Name on Passport				
		Last Name	First Name	Middle Name
SEVIS#	N	Birth Date (mm/dd/yyyy)		Email
Last day of attendance at ESF	/ /	Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, on-campus until / / <input type="checkbox"/> Yes, CPT until / / <input type="checkbox"/> Yes, OPT until / /	

Transfer Program Information

Please consult the transfer institution to obtain information requested below.

Name of Transfer Institution: _____

Location of Transfer Institution: _____

International Student Advisor at Transfer Institution: _____

International Student Advisor Email Address/Phone Number: _____

Semester You Intend to Register at Transfer Institution: _____

Exchange Visitor Program Number: _____

SEVIS Record Release Date: _____

I authorize SUNY-ESF to release my SEVIS record to the above-named school by the release date indicated on this form. I attest that I have read and understand the "Important Information Regarding Transfers" and that the information I provided above is true and valid. Furthermore, I acknowledge that I understand that once the transfer release date occurs, SUNY-ESF will no longer have access to my SEVIS record and I am no longer eligible for student on-campus employment at the College.

Student Signature: _____ **Date:** _____