



TRANSFER RELEASE FORM FOR STUDENTS IN F-1 STATUS

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PART I: FOR THE STUDENT

Please complete this form and submit it to your current international student advisor with a copy of your Suffolk University acceptance letter to request the transfer of your I-20. **Please do not request a transfer until you have received your admission letter.**

Name: _____

LAST (FAMILY NAME)

FIRST (GIVEN NAME)

MIDDLE INITIAL

DATE OF BIRTH (MM/DD/YY)

Email: _____ Telephone: _____

Anticipated Entry Term: 20____
YEAR Fall (September)
 Spring (January)
 Summer (June/July)

I hereby grant permission for the information requested below to be released to Suffolk University.

STUDENT'S SIGNATURE

DATE (MONTH/DAY/YEAR)

PART II: FOR THE IMMIGRATION ADVISO

The student noted above wishes to transfer to Suffolk University. Please provide the information requested below and email to: **isso@suffolk.edu**

SEVIS ID #: _____ SEVIS Transfer Release Date: _____
DATE (MONTH/DAY/YEAR)

PLEASE RELEASE THE SEVIS RECORD TO SUFFOLK UNIVERSITY (BOS214F00351000)

Please indicate the following:

Dates of attendance at your institution: _____

To the best of your knowledge, is the student maintaining valid F-1 status and eligible to transfer? Yes No

If no, please explain: _____

Please list any RCL used: _____

-PLEASE DO NOT TRANSFER COMPLETED OR TERMINATED RECORDS-

If there are any additional comments you would like to make, please list add them below.

