



University at Buffalo
The State University of New York

Office of International Education
International Student and Scholar Services

SEVIS Release Form

NAME: _____

UB Person Number: _____ - _____

With my signature below, I confirm that I have decided without reservation to transfer from the University at Buffalo to _____

commencing FALL / SPRING semester, 20____.

(circle one)

I give permission to ISSS to release my SEVIS record to my new university on

_____.

(DATE)

I understand that, once my record has been released from the University at Buffalo, ISSS will not be able to access my record, reactivate my SEVIS record, or assist me with respect to my SEVIS status and SEVIS I-20.

NAME

SIGNATURE

DATE

***PLEASE bring this form to ISSS, Talbert Hall 210 or fax it to (716) 645-6197.
This form must be signed by you before we can release
your SEVIS record to another University.***

