J-1 SCHOLAR TRANSFER OUT TO ANOTHER J-1 PROGRAM

University at Buffalo
Immigration Services
210 Talbert Hall
Buffalo, New York 14260
716-645-2355
immgsvc@buffalo.edu

Exchange Visitor Program Number: P-1-04839

Step 1: TO BE COMPLETED BY J-1 SCHOLAR:

I hereby request and grant permission for the University at Buffalo to release my J-1 Exchange Visitor SEVIS record to:

_____
Name of Institution

_____ _____
Scholar's Name (please print) SEVIS ID Number

_____ _____
E-mail Address Phone Number

_____ _____
Signature Date

Step 2: TO BE COMPLETED BY RESPONSIBLE OFFICER (RO) OR ALTERNATE RESPONSIBLE OFFICER (ARO) AT THE NEW INSTITUTION:

Scholar's Start Date at new institution: _____/ _____/ _____
Mon Day Year

_____ _____
Name of Institution SEVIS Program Number

_____ _____
Name of RO/ARO Completing Form Title

_____ _____
E-mail Address Phone Number

_____ _____
Signature Date

Step 3: TO BE COMPLETED BY UNIVERSITY AT BUFFALO HOST DEPARTMENT:

Scholar's Last Date at University at Buffalo: _____/ _____/ _____
Mon Day Year

_____ _____ _____
Department Name Dept. Administrator Preparing Form Phone Number

_____ _____ _____
Faculty Sponsor Name Faculty Sponsor Signature Date

Please fax this form to UB Immigration Services, University at Buffalo.
Fax Number: (716) 645-6197. Thank you for your assistance.