### J-1 STUDENT / INTERN TRANSFER OUT FORM

**Step 1: TO BE COMPLETED BY J-1 STUDENT (INCLUDING J-1 STUDENT INTERNS):**

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

__________________________________________
Name of Institution

Please transfer my J-1 SEVIS record on (date): _____/_____/______
Month  Day  Year

__________________________________________  ____________________________
Student’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:**

Student’s Start Date at new institution: _____/_____/______
Month  Day  Year

__________________________________________  ____________________________
Name of Institution             SEVIS Program Number

__________________________________________  ____________________________
Name of RO/ARO Completing Form   Title

__________________________________________
E-mail Address

__________________________________________
Phone Number

______________________________  ______________________
Signature                      Date

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