

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

University at Buffalo  
International Student & Scholar Services  
210 Talbert Hall  
Buffalo, New York 14260

716-645-2258 (J-1 students) / 716-645-2355 (J-1 scholars)  
[intlservices@buffalo.edu](mailto:intlservices@buffalo.edu) (J-1 students) / [immgsvc@buffalo.edu](mailto:immgsvc@buffalo.edu) (J-1 scholars)

Exchange Visitor Program Number: P-1-04839

**Step 1: TO BE COMPLETED BY J-1 STUDENT OR SCHOLAR:**

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

_____ Name of Institution	
_____ Student/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:**

Student/Scholar's Start Date at new institution: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo 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 (FOR SCHOLARS ONLY):**

Student/Scholar's Last Date at University at Buffalo: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

_____ Department Name	_____ Dept. Administrator Preparing Form	_____ Phone Number
_____ Faculty Sponsor Name	_____ Faculty Sponsor Signature	_____ Date

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

