



Isabella Cannon Centre for International Studies

**SEVIS TRANSFER RELEASE FORM
(Transfer from Elon University)**

Date: ____/____/____ (MM/DD/YYYY) E-mail: _____

1. Name: _____
Family Name First Name Middle Initial

2. Elon University ID _____ Student's Phone # _____

3. SEVIS ID Number: N _____

4. Semester you are transferring: _____

5. To which school do you intend to transfer? _____
School address _____
Phone # _____ Fax # _____
Contact Person at the new school _____

6. Have you received an official letter of admission from the above school? Yes / No

NOTE TO STUDENT: Once the SEVIS record release date passes, Elon University will no longer have access to your SEVIS file and can make no changes to your transfer request or any other information. Upon release date of SEVIS record, the new school may issue a transfer pending I-20. The student is required to contact the International Office at the new school within 15 days of program start date listed on the new school's I- 20.

By signing this form, I confirm my intent to transfer to (name of school) _____
_____ and therefore authorize Elon University to
release my SEVIS record to the new school named above.

_____/_____/_____
Student's Signature Date

** SEVIS record release Date: ____/____/_____
(After last day of current semester or last day of current employment with Elon) Student's Initial

PDSO/DSO Signature: _____ Date _____

Return form to:
Elon University 2375 Campus Box, Elon, NC 27244 Phone: 336-278-6700 Fax: 336-278-6692