



## REQUEST TO TRANSFER

### REQUEST TO TRANSFER

This information requested on this form is required for **Fort Valley State University** to release your record at the appropriate time to the institution that you designate. Your SEVIS record must be transferred before your new institution will be able to issue a new Form 1-20. **Please submit this completed form along with a letter of admission from the institution to which you intend to transfer.**

<b>LAST NAME:</b>	<b>FIRST NAME:</b>
<b>FVSU ID:</b>	<b>MIDDLE NAME:</b>
<b>SEVIS ID NUMBER: N00</b>	<b>DATE OF BIRTH (MM/DD/YYYY):</b>
<b>EMAIL:</b>	<b>PHONE NUMBER:</b>

Please check the appropriate box to support your request to transfer your SEVIS record.

- GRADUATING
- LEAVING DUE TO:
  - Financial
  - Academic
  - Personal
  - Other: \_\_\_\_\_
- CURRENTLY ON OPT. MY LAST DAY OF EMPLOYMENT IS [Click here to enter a date.](#)
- OTHER: \_\_\_\_\_

**Last Term** of enrollment at Fort Valley State University: Fall 20\_\_ Spring 20\_\_ Summer 20\_\_

Name of NEW Institution: \_\_\_\_\_  
 SEVIS School Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
**Official Start Date of Classes at New School (mm/dd/yyyy):** \_\_\_/\_\_\_/\_\_\_  
**SEVIS Release Date (mm/dd/yyyy):** \_\_\_/\_\_\_/\_\_\_

I am requesting that Fort Valley State University releases my SEVIS record to the above named institution on the date indicated above. I also understand that as of that date I will no longer be eligible for work.

Signature of Student: \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**Office Use Only**  
 Letter of Admission Received N or Y Release Date Confirmed N or Y (If YES) Released Date \_\_\_\_\_