

# INTERNATIONAL STUDENT TRANSFER RELEASE FORM

## To the F-1 Student:

In order to receive an I-20 from the IU International Office, you must:

- Submit copies of your current I-20, passport, visa stamp, I-94 card, and EAD (if applicable). These documents can be submitted by mail (1145 King Road, Immaculata, PA 19345-0636) or by e-mail to ([kkearney@immaculata.edu](mailto:kkearney@immaculata.edu)).
- Take this form to the international student office at your current school to have section 2 completed. After all documents are received by the International Office, a new I-20 will be issued within 15 business days after transfer release date.

### Section 1 (to be completed by student)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SEVIS ID#: \_\_\_\_\_ IU ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (home-cell-work): \_\_\_\_\_

Intended Start Date at IU: \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring Year: \_\_\_\_\_

Date you will finish your term at your current school or date you ended your OPT: \_\_\_\_\_

I verify that the above information is accurate and hereby authorize the Designated School Official / international office of my current school to release my SEVIS record to IMMACULATA UNIVERSITY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2 (to be completed by DSO / International student advisor)

Please complete section 2 and submit this form to the IU International Office by email to [kkearney@immaculata.edu](mailto:kkearney@immaculata.edu) or by mail (1145 King Road, Immaculata, PA 19345-0636). Please release the student's SEVIS record to IMMACULATA UNIVERSITY.

SEVIS Release Date: \_\_\_\_\_ SEVIS ID #: \_\_\_\_\_

\_\_\_ This Student is in lawful F-1 status and is/was enrolled in a full course of study until: \_\_\_\_\_

\_\_\_ This student is out of status and must file for reinstatement to lawful F-1 status. Explanation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ This student is currently on OPT. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

DSO Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_