

**Request for TRANSFER of SEVIS Record for Exchange Visitor**

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

DS-2019 end date: \_\_\_\_\_

Please list the date that you would like your SEVIS record transferred to the new institution.

Requested SEVIS  
release date: \_\_\_\_\_

Transfer to (Name of  
Institution): \_\_\_\_\_

SEVIS Program #: \_\_\_\_\_

Name of RO or ARO: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I verify that I have maintained legal status for the duration of my program and authorize the release of my SEVIS record to the institution named above.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_