

Alfred University

Office of Admissions
Alumni Hall / Saxon Drive
Alfred, NY 14802
U.S.A.
Phone: 607-871-2115
Fax: 607-871-2198

School Transfer Release Form for International Students

Part I: To be completed by student:

(Family name) (First name) (Middle name)

SEVIS # _____ Date of Birth: ____/____/____
mo day year

I hereby authorize release of the information requested below:

Student's signature _____ Date _____

Part II: To be filled out by Transfer-Out DSO:

(During the transfer out procedure please enter our School Code: BUF214F00100001 for #2 Transfer to School, to bring up Alfred University.)

Dear Designated School Official:

The student named above has indicated her/his intention to transfer to Alfred University. Please provide the information requested in order that the student's eligibility for transfer may be completed. Thank you.

Name of your University/College as it appears in SEVIS _____

Is the student authorized by USCIS to attend your school ___ yes ___ no

Dates of actual attendance: first semester _____ last semester _____ o.p.t. dates _____

What is the TRANSFER RELEASE DATE for this student? _____ (A.U. cannot transfer this student into Sevis and issue a new I-20 until the release date.

Was the student considered to be pursuing a full course of study every semester while attending your school? _____ yes _____ no

Is the student eligible for school transfer under the notification procedure? ___ yes ___ no

If the answer to the previous question is no, please explain:

PLEASE PRINT:

Name of DSO _____ Phone number (____) _____ - _____

Email _____

Address of School _____
(street) (city) (state) (zip code)

Signature of DSO. _____ Date _____