

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON DC

International Services Office

Release of SEVIS Record for F-1 Students Transferring Out of GW

Students transferring from GW to another U.S. educational institution must complete this form. This form will allow the ISO to transfer your record in SEVIS to your new institution. Although you may apply to several schools, you must choose the school you are going to attend **before** completing this form. Once your record is released in SEVIS, we will no longer have access to make any changes, including changing the transfer school or to apply for OPT. **You must be in valid F-1 status in order to be eligible for transfer.**

Please attach the transfer form and admission letter from the institution you are transferring to. If you are engaged in OPT you must also attach a copy of your EAD card. It is your responsibility to ensure that you have fulfilled all admission requirements for international students at your new school to be issued an I-20.

The release date of your record in SEVIS to your new school will be the last day of final exams at GW for that semester, unless a date is specified below. Students on OPT must select a release date. After the SEVIS release date:

1. GW will no longer have access to your SEVIS record to make any changes (including changing your transfer school).
2. Your new school will be able to issue you an I-20.
3. Any employment based on your current GW I-20 will be terminated (on-campus employment, CPT, OPT, assistantships, etc.)

Last name: _____	First name: _____	Middle name: _____
GW ID#: _____ - _____ - _____	SEVIS ID: _____	Date of Birth: _____ / _____ / _____ <small>Month day year</small>
E-mail address: _____	Phone Number: _____	Visa Type: _____
Current GW School: _____	Current Major: _____	Current Degree Level: _____
Last semester of enrollment at GW: _____		
Requested SEVIS release date: _____ / _____ / _____ <small>Month Day Year</small>		

Information on office responsible for issuing form I-20 at new institution

Transfer school: _____

Address of international office at transfer school: _____

Phone # of international office at transfer school: _____ Fax: _____

Date or term student will begin studies at new school: _____

Degree Level at new institution: _____ Major at new institution: _____

Student Certification: I hereby authorize the International Services Office to release my SEVIS record to the school indicated above. I have read and understand the conditions outlined above.

Signature: _____ **Date:** _____

ISO use only: Approved: _____ <small>DSO initials</small>	Release date: _____	Date: _____
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