



SEVIS Transfer-In Verification Form

Phone: (315) 786-2437 | Fax: (315) 786-2349

PART I

To be completed by student

Name: _____ / _____ / _____
Family Name First Name Middle Initial

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ SEVIS ID #: _____

Transfer Semester: Fall Spring Year: _____

I authorize a Designated School Official (DSO) at my current school to release my SEVIS file and relevant student information to Jefferson Community College (BUF214F00329000).

Student Signature: _____ Date: _____

PART II

To be completed by a DSO of the current school

Current School: _____

SEVIS School Code: _____

Address: _____

DSO Name: _____ Title: _____

Email: _____

Phone: _____ Fax: _____

DSO Signature: _____ Date: _____

Please check one.

- The student's SEVIS file is active.
- The student's SEVIS file is terminated and needs to be reinstated. Termination Date: _____
Reason: _____

- The student has been out of status more than five (5) months.
- Approved for Optional Practical Training from _____ to _____
- Expected Student's SEVIS File Release Date: _____

DSO Signature: _____ Date: _____

Note: Please release the student's SEVIS file to Jefferson Community College (BUF214F00329000).

Please email the completed form to admissions@sunyjefferson.edu or fax it to (315) 786-2349.