

## SEVIS Transfer Release Form

(Transferring to LU)

**STUDENT:** You are required to obtain a release prior to transferring to Lourdes University. Please take this form to the International student office at the University/College you are currently attending to be completed. You may fax the form to 419-824-3916 or submit to the International student office upon your arrival to the Lourdes University campus.

**Student name:** \_\_\_\_\_

**Social Security/Identification no:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_

### To Whom It May Concern:

The above-mentioned student has been admitted to Lourdes University. Immigration and Naturalization Service (INS) regulations require confirmation that she/he has been pursuing a full course of study at your institution as well as the "transfer release date" before the immigration transfer to this institution can be processed and submitted via SEVIS.

Last semester enrolled at your institution: \_\_\_\_\_

The student is in valid F-1 status: \_\_\_\_\_ YES \_\_\_\_\_ NO

SEVIS Transfer release date: \_\_\_\_\_

The student is out of status: (please check, if applicable)

\_\_\_\_\_ A reinstatement to student status is pending. (Copies of documents filed with INS are enclosed)

\_\_\_\_\_ Student has been advised that a reinstatement will be required upon enrollment at the new school.

Other: \_\_\_\_\_

Please list all previously authorized periods of Curricular or Optional Practical Training.

Does the student have dependents in the U.S.: \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Name and Title of Designated School Official

\_\_\_\_\_  
Signature of Designated School Official

\_\_\_\_\_  
Name and Address of Institution

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date