

## **SEVIS Transfer Consent and Release Form**

Students on a UIW issued I-20 or DS-2019 who plan to transfer to another U.S. academic institution, must complete and submit this form to our office before attending their new school. We cannot release your SEVIS record without this completed form, an admissions letter to your new school and UIW Withdrawal Form. Please provide:

| Copy of Admission Letter to your new school  |  |
|--|--|
| ☐ Copy of UIW Withdrawal Form signed by the Office of S  | tudent Success (undergraduate students) or Office of |
| Graduate Studies and Research (graduate students)  |  |
| Requested SEVIS Release date:  | (after end date of current UIW semester)             |
| When choosing a SEVIS Release date, keep in mind:  |  |
| You cannot attend UIW after your SEVIS Release date - For continuing students, you must complete an            |  |
| Academic Withdrawal from UIW. Then go to the Business Office to clear your student account. For                |  |
| graduating students, remember to clear your student account before you graduate.                               |  |
| After your SEVIS release date, you are no longer eligible for on-campus UIW employment.                        |  |
| If you are on OPT, your EAD card becomes invalid on your SEVIS release date. You cannot work after             |  |
| the SEVIS release date.  |  |
| If you change your mind and want to remain at UIW:   |  |
| BEFORE your SEVIS Release date, we can cancel your SEVIS Transfer without a problem.                           |  |
| <ul> <li>AFTER your SEVIS Release date, we CANNOT undo your transfer AFTER your SEVIS Release date.</li> </ul> |  |
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| UIW ID: Email:   | Phone Number: SEVIS ID:                              |
|  |  |
| Name:  |  |
| Last name (Family name) First  | Middle   |
|  |  |
| Semester you will begin classes at your new school: Fall  Spring  Summer  Year  Year                           |  |
| Official Class Start Date of new school:   |  |
| I have been admitted to and request to transfer to:  |  |
|  |  |
| New School's Name:   |  |
|  |  |
| New School's Address:  |  |
|  |  |
| City:  | State:   |
|  |  |
| I have read and understand the above. The information I ha   | ve provided is true and accurate.                    |
|  | _  |
| Signature:   | Date:  |
|  |  |
| For ISSS use only:   |  |
| Receipt of UIW Withdrawal Form: Email to Payroll Date  |  |
| Release date in SEVIS:DSO Signature:   |  |