



SEVIS Transfer-In Verification Form

4585 West Seneca Turnpike, Syracuse, NY 13215-4585

Phone- (315) 498-7266 Fax- (315) 498-2107

PART I

To be completed by the student

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

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

Transfer Semester: Fall Spring Summer Year: _____

I authorize a Designated School Official (DSO) at my current school to release my SEVIS file and relevant student information to OCC (BUB214F00222000).

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 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 "Onondaga Community College" (BUF214F00222000)

Please fax the completed form to: Attn: International Admissions (315) 498-2107