International Student Services Office of Admissions and Records

SEVIS TRANSFER CONSENT AND RELEASE FORM

If you wish to transfer from the OU Health Sciences Center to another academic institution, you must complete and submit this form to the OUHSC ISS authorizing OUHSC to release your SEVIS record for attendance at your new school. **We cannot release your SEVIS record without your written consent**. Attach a copy of your admission letter to the new school.

After you have been released in SEVIS to transfer to the new school, OUHSC will no longer be able to access to your SEVIS record. If you change your mind and no longer wish to transfer to the new school, notify OUHSC ISS.

REMINDERS:

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- If you have enrolled at OUHSC for the next semester, you must cancel your enrollment if you transfer out. Completion of this form will <u>not</u> withdraw you from current or future semesters at OUHSC. Failure to withdraw may result in charges to your OUHSC bursar account.
- OPTIONAL PRACTICAL TRAINING: Your EAD card for OPT will no longer be valid as of the SEVIS
 release date. Any remaining time on the EAD card will be lost.
- After your SEVIS release date, you are no longer eligible for on-campus employment at OUHSC. OUHSC
 ISS will notify the OUHSC payroll office regarding your last day of eligible employment.
- You must provide proof of admission to your new school <u>BEFORE</u> OUHSC ISS will release your SEVIS record for attendance at the new school.

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HSC ID#:	ID#: SEVIS ID:		Email:		
Name:					
	Last name (Family name)	First		Middle	
Semester you	are transferring: Fall Spring _	Summer	_ Year		
Scho	admitted to and plan to transfer to ol Name:ess:				
City:		State:			
Requested SEVIS record release date:			(after end date	of current OUHS	SC session/semester)
I have read a	and understand the above. The i	nformation I h	ave provided i	s true and accur	ate:
Signature: _			Da	te:	
For office us	e only:				
	in SEVIS:				
	: re:				Updated 2/2008