



TRANSFER RELEASE FORM

Name: Last Name First Name Middle Date of Birth: (mm/dd/yyyy)

SEVIS ID #: MIT ID#: Check one: F-1 J-1

Requested transfer release date: (mm/dd/yyyy)
Name of institution to which you are transferring:
City, State:
Institution's SEVIS School Code: (you must obtain this from your new institution)
** You cannot transfer in the middle of an academic term. Please choose a release date at the end of or between semesters.

If applicable, dates you were approved for Practical Training: from to

Do you plan to travel outside of the United States? If so, when will you return?

I agree to release my electronic SEVIS record on the date and to the institution listed above. I understand that my new institution will not be able to issue me an I-20 or DS-2019 form until the transfer release date that I have requested.

Signature Date