



SEVIS Transfer Release Form

Part I: To be completed by student

This is to inform you that I intend to transfer to Lehman College in the Fall 20____ or the Spring 20____ term.

Student name: _____
Last/Family *First* *Middle*

SEVIS #: N _____

Signature: _____ **Date:** _____

Part II: To be completed by Designated School Official (DSO) at current school.

SEVIS Transfer Release Date: _____ **to: *The City University of New York-Herbert H. Lehman College.***
School code: **NYC214F00812012**

_____ Has the student been approved for Reduced Case Load (RCL)?
 Date of RCL _____ Reason for RCL _____

_____ *The student is in lawful F-1 status according to USCIS regulations.*

_____ *The student is not in lawful F-1 status according to USCIS regulations.*

Please give reason _____

Date student was last enrolled: _____

The student has been authorized the following Practical Training benefits

<i>Optional:</i>	<i>Full-Time:</i> _____	<i>Dates:</i> _____
	<i>Part-Time:</i> _____	<i>Dates:</i> _____
<i>Curricular:</i>	<i>Full-Time:</i> _____	<i>Dates:</i> _____

Comment: _____

DSO Name: _____ *Email:* _____
School Name: _____ *Telephone #* _____
School Address: _____
Signature of DSO: _____ *Date:* _____