

Transfer-out Release Form

International Student and Scholar Services
Georgia State University
P.O. Box 3987
Atlanta, GA 30302-3987
Tel: 404-463-9073
Fax: 404-463-9077
Email: iss@gsu.edu
www.gsu.edu/iss



If you plan to transfer from Georgia State University to another school, you must complete this form to confirm with International Student & Scholar Services that you have been fully admitted to the new school and are prepared to have your SEVIS record released to them. Upon receipt of this release form, we will update your SEVIS record, giving the new school access to your record. You may be applying to many schools, but your **SEVIS record can only be transferred to ONE school**. Once we transfer your record out to the school listed below, we **CANNOT** retrieve it after the release date, and you will have to contact the school to determine their transfer policies. Your transfer release date will be the end of the current semester unless otherwise requested for a valid reason.

The new school cannot issue you an I-20 until your SEVIS record is transferred.

PLEASE ATTACH A COPY OF YOUR ADMISSION LETTER TO THIS COMPLETED FORM

Student Information

Name: _____

SEVIS# _____ GSU ID _____

Are you an IEP student? () Yes () No If yes, please note IEP advisor's signature required below.

Phone: (_____) _____ Email: _____ [@student.gsu.edu](mailto:_____@student.gsu.edu)

Do you plan to leave the U.S. before returning to start school again? Yes _____ No _____

Are you currently on OPT? Yes _____ No _____

New School Information

Name of School: _____

Phone: (_____) _____ Fax: (_____) _____

Term start date: _____ **Transfer Release Date:** _____

I am requesting a "release date" earlier than the end of the current term because _____

I give permission for ISSS to release the information requested on this form:

Student Signature _____ **Date:** _____

FOR International Services USE ONLY

Make copy of form for student. Place original in student file.

SEVIS updated on _____ with a transfer release date of _____

DSO Initials _____ IEP Advisor Signature _____