Transfer from St. Francis College (SFC) to another institution

Date:	
Last name:	First name:
SFC ID #:	Date of birth:
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Information about the institution	to which you are transferring
Name of institution (university, college,	, language institute, etc.):
SEVIS school code of new school:	
Date you would like SFC to release your	r SEVIS record:
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I am aware that the release of my SEVIS remade after the release date.	ecord to the above mentioned institution is final and changes cannot be
have at St. Francis College for classes, hou	pplies to my SEVIS record and will not automatically cancel any registration I sing, etc. It is my responsibility to withdraw from any classes I have International will not do this on my behalf.
release date, regardless of the OPT Emplo	ional Practical Training (OPT), my OPT will automatically expire on the SEVIS yment Authorization Document (EAD) expiration date. I am aware that d result in fees or future academic record problems.
I have read and understood the SEVIS regu	ulations indicated above.
Signature	Date