



University at Buffalo
The State University of New York

Office of International Education
International Student and Scholar Services

J-1 STUDENT / INTERN TRANSFER OUT FORM

Step 1: TO BE COMPLETED BY J-1 STUDENT (INCLUDING J-1 STUDENT INTERNS):

I hereby request and grant permission for the University at Buffalo to release my J-1 Exchange Visitor SEVIS record to:

Name of Institution

Please transfer my J-1 SEVIS record on (date): ____/____/____
Month Day Year

Student's Name (please print)

SEVIS ID Number

E-mail Address

Phone Number

Signature

Date

Step 2: TO BE COMPLETED BY RESPONSIBLE OFFICER (RO) OR ALTERNATE RESPONSIBLE OFFICER (ARO) AT THE NEW INSTITUTION:

Student's Start Date at new institution: ____/____/____
Month Day Year

Name of Institution

SEVIS Program Number

Name of RO/ARO Completing Form

Title

E-mail Address

Phone Number

Signature

Date

**Please fax this form to International Student & Scholar Services, University at Buffalo.
Fax Number: (716) 645-6197. Thank you for your assistance.**