

SEVIS Transfer-In Verification Form

Part 1: To be completed by student

Last Name: Firs		st Name:	
Date of Birth (mm/dd/yyyy): SEV		/IS ID: N	
Transfer Semester: Fall Sprin	ng	Summer	Year (yyyy):
I authorize a Designated School Official (DSO) at my current school to release my SEVIS file and relevant student information to Cayuga Community College.			
Student Signature:	Date (mm/dd/yyyy):		
Part 2: To be completed by a DSO of the current school			
School Name:			
SEVIS School Code:			
Address:			
DSO/RO Name:		Title:	
Email:			
Phone Number:		Fax:	
Expected Student's SEVIS File Release Date (mm/dd/yyyy):			
Please check one.			
The Student's SEVIS file is active			
The Student's SEVIS file is terminated and needs to be reinstated.			
Termination date (mm/dd/yyyy):			
Reason:			
The student has been out of status more than 5 months			
Approved for Optional Practical Training (mm/dd/yyyy)			
From:		То:	
DSO Signature:	Da	te (mm/dd/yyyy	r):
Please email the completed form to: admissions@cayuga-cc.edu Admissions 197 Franklin Street, Auburn, New York 13021 (315) 255-1743			
Office Use Only: Date Received:		Advisor's Init	tials: