

# LIFEUNIVERSITY

555 W. REDONDO BEACH BLVD.  
GARDENA, CA 90248  
(310) 756-0001  
LIFEUNIVERSITYUS.ORG

# SEVIS TRANSFER RELEASE FORM

## STUDENT INFORMATION

Student Name (Last, First): \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

SEVIS Number: \_\_\_\_\_

## INSTITUTION INFORMATION

Name of New School: \_\_\_\_\_

Address of New School: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

*Once the SEVIS record release date passes, Life University will no longer have access to your SEVIS file and can make no changes to your transfer request or any other information. Upon release date of SEVIS record, the new school may transfer a transfer I-20. The student is required to contact the International Office at the new school within 15 days of the program start date listed on the new school I-20.*

*By signing this form, I confirm my intent to transfer to the institution listed above, and therefore authorize the Life University to release my SEVIS record to the aforementioned institution. I agree to bring written confirmation of acceptance to the new institution, contact information for the new school's DSO, and the SEVIS school code for the transfer-in new school to ensure that the record is transferred to the correct school.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

SEVIS Record Release Date: \_\_\_\_\_

PDSO/DSO Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return form to: *International Student Office  
Life University  
555 W. Redondo Beach Blvd. #111  
Gardena, CA 90248  
(310) 756-0001*