



**International
Student Services
SUNY BROCKPORT**

SCHOOL TRANSFER FORM

Student Name (please print): _____ Date of Birth: _____
Family name Given name Middle name

Part I: To be completed by the student

Please sign the release of information statement below and give this form to the international student advisor at the school you now attend or most recently attended.

I grant permission for the information requested below to be released to SUNY Brockport.

Student's Signature

Date

Part II: To be completed by the Designated School Official

The above named student has notified us of his/her intent to transfer to SUNY Brockport. Pursuant to USCIS regulations, we request confirmation of his/her status at their previous institution before processing a transfer I-20. Please indicate the student's status at your institution by checking one of the boxes below:

- ☐ This student is in good standing and is otherwise maintaining his/her F-1 student status (or has already been reinstated to status by USCIS)
- ☐ This student is in violation of his/her status and a reinstatement to student status application is pending. The application was filed on _____ at the _____ Service Center.
- ☐ This student is in violation of status, and has been advised that he/she should apply for reinstatement using the new I-20 A/B from the State University of New York - Brockport.
- ☐ Other (please explain): _____

Date student's SEVIS record will be transferred to SUNY Brockport: __ / __ / __. School Code: **BUF214F00217000**

Signature

International Advisor Name and Title (please type)

Date

Institution and Address

Telephone Number

Once completed, return this form to the student or email/fax to:

International Student Services - iss@brockport.edu

350 New Campus Drive • SUNY Brockport • Brockport New York, 14420 • (585) 395-3218