Transfer Out Request Form



l, _	RT I - TO BE COMPLETED BY THE ST			
'' –	PRINTED NAME: LAST/FAMILY NAME	FIRST	MIDDLE	SEVIS ID NUMBER
wis	h to inform Cairn University that (check o	ne):		
	I was admitted to:			
	I have applied and expect to be admitted	to:		
	SCHOOL NAME		for	SFMFSTFR/TFRM/YFAR
			, ,	
I re	quest that my SEVIS record be released to	that school on	/	_ (I understand that the earliest date my
reco	ord may be released is the end of the current	term).		
l wi	ill complete/completed (circle one) my pro	ogram of study/O	Optional Practical Training (circ	cle one) on/ /
ST	ATEMENT OF UNDERSTANDING			
l un	nderstand that:			
1.	On the release date, the responsibility for my SEVIS record transfers to my new school. Cairn University may not access my record in any way.			
2.	Should my plans change, I will contact Cairn University <i>prior</i> to the release date, or my new school if after the release date.			
3.	If I am engaging in Optional Practical Training after completion of studies, I know that my work authorization automatically ends on the date my SEVIS record is released to my new school regardless of the dates indicated on my EAD (Employment Authorization Document). Should I continue to be employed on OPT after the release date it would be a violation of my F-1 status.			
4.	I must obtain a new Form I-20 from my new school as soon as possible after the release date. My old I-20's must be retained as records. Should I wish to travel, I must use my new school's I-20 to reenter the U.S.			
5.	I am required to enroll full time at my new school by the program start date on my new Form I-20.			
6.	I am required to report to the Designate program start date.	ed School Official	l at my new school not later th	nan 15 days after my
_	SIGNATURE			//