



Office of International Education  
 1600 Burrstone Road, White Hall 123  
 Utica, NY 13502-4892  
 Phone (315)792-3082 / Fax (315) 792-3061  
 Email: [internationaleled@utica.edu](mailto:internationaleled@utica.edu)

### SEVIS TRANSFER-IN AUTHORIZATION FORM

Instructions for student: If you are planning to attend Utica University and you are currently attending a high school, Intensive English Program or university/college in the United States, you must complete Section I of this form and ask the international student advisor at the school you are currently attending or last attended to complete Section B and C. Your Advisor should fax or email this form using the information above.

Please note the following Utica College SEVIS campus codes:

- Utica University: BUF214F10142000
- Syracuse, New York: BUF214F10142001
- St. Petersburg, Florida: BUF214F10142002
- Miramar, Florida: BUF214F10142004

SECTION A: TO BE COMPLETED BY STUDENT				
NAME		UU ID #		HOME COUNTRY
EMAIL ADDRESS			PHONE #:	
STARTING TERM AT UTICA COLLEGE (CIRCLE ONE)	FALL	SPRING	SUMMER	20_____
ADDRESS YOU WOULD LIKE YOUR I-20 SENT TO:				
I authorize the school official named below to provide the information requested on this form and for my record to be released to Utica College.				
_____			_____	
Student Signature			Date	

SECTION B: TO BE COMPLETED BY THE INTERNATIONAL OFFICE AT THE CURRENT SCHOOL	
STUDENT'S SEVIS ID:	STUDENT'S LAST DAY OF ENROLLMENT OR OPT END DATE:
<p><b>Please check the appropriate statement:</b></p> <p><input type="checkbox"/> To the best of my knowledge, this student is currently maintaining F-1 status and has an active SEVIS record.</p> <p><input type="checkbox"/> Student is out of status and/or does not have an active record in SEVIS. Please contact Utica College BEFORE releasing the SEVIS record at 315-792-3082.</p> <p><b>Please indicate any employment authorization or reduced course load authorization:</b></p> <p><input type="checkbox"/> Curricular Practical Training (CPT)- Dates of Authorization _____</p> <p><input type="checkbox"/> Reduced Course Load- Reason and Dates of Authorization _____</p>	

SECTION C: CONTACT INFORMATION OF INTERNATIONAL OFFICE AT CURRENT SCHOOL		
NAME AND TITLE OF DSO		
PHONE NUMBER	EMAIL	
SCHOOL NAME	TRANSFER RELEASE DATE	
SIGNATURE	DATE	