

SEVIS RECORD RELEASE FORM

Please Release My SEVIS Record to Monroe University • SEVIS CODE: NYC214F00936001

TO BE COMPLETED BY YOU, THE STUDENT

First Name _____ Last Name _____ Monroe ID # _____

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip) _____

Email Address _____ U.S. Cell Phone Number _____

SEVIS ID Number (top left corner of I-20): N _____

For which semester have you been accepted to attend Monroe University? Check one & add the year.

☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____

Any current OPT or CPT will end immediately upon the release of your SEVIS record.

Please release my SEVIS record to Monroe University on this date: : ____ / ____ / ____
MM DD YYYY

PLEASE NOTE: As per USCIS regulations you must complete the transfer process within 15 days of the program start date at Monroe University. Failure to do so will deactivate your SEVIS (I-20) record and you will no longer have valid student status.

Student Signature _____ Date _____

TO BE COMPLETED BY AN INTERNATIONAL ADVISOR AT YOUR *CURRENT SCHOOL*

Once completed please email this form to phperoune@monroeu.edu.

School Name: _____

Dates of attendance at your school: Start Date: ____ / ____ / ____ Last Attended: ____ / ____ / ____
MM DD YY MM DD YY

Student has been enrolled in a full-time course of study and is in valid F-1 status.

- Student is currently on OPT. OPT authorization period: _____ to _____
- Has the student met all financial obligations to your school? ☐ Yes ☐ No
- If the student is not in valid F-1 status please indicate current status: _____

Comments: _____

SEVIS release date for the above-named student: : ____ / ____ / ____
MM DD YYYY

Advisor Name _____ Advisor Signature _____ Date _____

Advisor Email Address _____ Advisor Phone Number _____

OFFICE OF STUDENT SERVICES

Main Hall, 434 Main Street, New Rochelle, NY 10801 • 914.740.6420 • monroeu.edu