

If you are a student in F-1 status who has been admitted to the University of Texas Health Science Center at San Antonio (SEVIS School Code - SNA214F00200000) and need to transfer your F-1 record to the UT Health Science Center at San Antonio, you must first obtain a release from your current school. Please complete Part A of this form. The international student advisor at your current school must complete Part B. To receive a new I-20 form, you must submit to the Office of International Services (OIS) this completed form with the rest of the documents listed on the International Student Request Form for F-1 Visa, available on the OIS website, www.uthscsa.edu/ois and your current school must transfer your SEVIS record to the UT Health Science Center at San Antonio.

A. To be completed by student

Name (LAST, First, Middle) as shown on passport

Date of Birth (MM/DD/YYYY)

By signing below, I authorize the Designated School Official at the International Office at my current school to release the information requested below to the International Services Office at the UT Health Science Center at San Antonio.

Student's signature _____

Date: _____

B. To be completed by the Designated School Official at current school

The above-mentioned student intends to transfer his/her immigration record to the University of Texas Health Science Center at San Antonio (SEVIS School Code - SNA214F00200000).

Student's SEVIS ID Number: _____

Current program end date or OPT end date: _____

Anticipated SEVIS transfer release date: _____

Is student currently enrolled at your institution? Yes No
If 'no', end date of last semester/quarter enrolled at your institution: _____

Please choose all that apply:

- This student is in good standing and is/was enrolled in a full course of study.
- This student is out of status, and a reinstatement application is pending.
- This student is out of status and must be reinstated.

To your knowledge, has the student maintained valid F-1 status? Yes No

Please list all authorized periods of curricular or optional practical training: _____

Name and title of person completing this form

Name and address of institution

E-mail address

Phone Number

DSO Signature

Date