



Oklahoma City UNIVERSITY

Office of International Admissions

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Request for Transfer (out) of SEVIS Record

This form authorizes OCU to release your SEVIS record to your new school.

PLEASE PRINT CLEARLY

DATE: _____

Family Name: _____ First Name: _____

Student ID#: _____ SEVIS ID#: _____

Please complete the following.

Requested SEVIS Release Date: _____

New School Name: _____ SEVIS School Code: _____

Please read and sign the following statement:

I understand that once my record has been transferred, OCU will no longer have access to my information. If I change my mind about transferring to this school, I must contact OCU and the new school immediately. I understand that I must withdraw from my OCU classes if I have pre-enrolled for the following semester. Failure to do so may result in charges to my OCU account.

Signature: _____ Date: _____

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