



SEVIS RECORD TRANSFER AUTHORIZATION FORM

STUDENT'S NAME (PLEASE PRINT): _____

Student's Signature

(MM/DD/YYYY)

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

Please DO NOT transfer the student's SEVIS record at this time. The student must receive a letter of admission to the University of Pikeville before submitting this form

The above-named student has been enrolled full-time student at:

_____ from _____ to _____
(Name of School) (MM/DD/YYYY)

The last academic semester attended by the student ended on _____
(MM/DD/YYYY)

SEVIS record status Active Terminated

Transfer release date: _____
(MM/DD/YYYY)

Signature

Title

PHONE

Email

Institution & Campus Name

Campus Address

PLEASE RETURN TO: INTERNATIONAL STUDENT AFFAIRS OFFICE
University of Pikeville
147 Sycamore Street
Phone: 606.218.5741
E-mail: stefanmorales@upike.edu
SCHOOL SEVIS #NOL214F10693000