



HOBART AND WILLIAM SMITH  
COLLEGES

SEVIS Transfer-In Form

**Section 1: To be completed by student**

I give permission to release the information necessary to complete my transfer to Hobart and William Smith Colleges.

Name: \_\_\_\_\_  
Family Name First Name Middle Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: To be completed by the Designated School Official (DSO)**

Please confirm the individual's status at your institution and transfer his/her SEVIS record to Hobart and William Smith Colleges. (F-1 School Code: BUF214F00068000)

SEVIS ID #: \_\_\_\_\_ SEVIS Transfer Release Date: \_\_\_\_\_

Date of expected completion of study/program: \_\_\_\_\_

Is the student currently in status and eligible to transfer to Hobart and William Smith Colleges? Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Has the student been recommended for employment authorization? Yes  No

Dates of Authorization and Authorization type: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_