



International Student Services  
(803)754-4100, extension 3236  
Student Center, Student Life Office

**Transfer Release Authorization**

**Student Release:**

I, (full name) \_\_\_\_\_

(student ID #) \_\_\_\_\_ and (SEVIS #) \_\_\_\_\_

authorize Columbia International University to **release my international record on SEVIS** on

this date: (month/day/year) \_\_\_\_\_

to the following institution: (specify institution name, city, and state) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that:

- I have already been accepted to study at the institution listed above.
- I understand that once this release date has been reached, my record will no longer be accessible at Columbia International University.
- I understand that if I am currently authorized for off-campus work permission, the work authorization will be terminated on this date.
- As of this date, I am no longer a student at Columbia International University and I can no longer work as a student worker at Columbia International University.
- I will need to work through any issues with my new institution.

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*Note: If you later decide to cancel your transfer, you MUST contact Columbia International University BEFORE the release date you indicated above.*