NYFA NEW YORK FILM ACADEMY

TRANSFER REQUEST FORM FOR F-1 STUDENTS

Part 1: Comple	ted by student:		
NAME:			
Date of birth:		SEVIS ID # (top right of	of I 20): N
Telephone:	ephone:Email:		
NYFA has three	locations - please be	careful to transfer th	e SEVIS record to the following location:
		M ACADEMY - New Y	′ork (NYC214F01663000)
What is the releas NYFA?	e date that you and yo	ur current school agre	ed on for your I-20 to be transferred to
Releas	e Immediately	OR Reque	ested release date:
the I-20 is release	d to NYFA) or in the 60) days after your progr	status (you must continue to attend class until am end date. You must attend the next ed 5 months from day of last attendance at
I intend to transfer	r to New York Film Aca	demy and request tha	t you transfer my SEVIS record.
Signature:			Date:
	CONTA	CT INFO FOR NYFA	NEW YORK:
NEW YORK :	Fax 212-344-4437	Tel: 212-633-3488	Email: international@nyfa.edu
Part 2: Comple	ted by SEVP Desig	nated School Offic	al at the Transfer Out school:
*** NYFA has two	o locations- please be	careful to transfer th	ne SEVIS record to the correct location.
If there is an issue please contact us		est or if the record is ir	TERMINATED or COMPLETED status,
 I will eith 	ceived this students re- er transfer the record a ord is not in ACTIVE st	s requested by the stu	ident or will contact NYFA before transferring / issues or questions.
Name of designat	ed school official:		
Name of school: _			
Address of school	l:		
Telephone:		Email:	
Signature:	Date:		