



SEVIS RELEASE FORM

As part of the transfer process to Colorado State University-Pueblo, this form must be completed.

FIRST MIDDLE LAST

Preferred Phone: _____ Email: _____

Local Address: _____ City: _____ State: _____ ZIP: _____

I authorize my school's current PDSO, DSO, RO, or ARO to provide the below information as required for admission to Colorado State University-Pueblo.

Student Signature _____ Date _____

FOR (P)DSO OR (A)RO USE ONLY

Intended transfer semester and year: _____

Visa Type _____ F-1 _____ Other _____

_____ J-1 _____ Name of J-1 Sponsor _____

Last Immigration Admission Number: _____

Dates of attendance at your institution: _____

Authorized Periods of CPT/OPT: _____

The student is: _____ In good status
_____ Out of status
_____ Out of status, and application for reinstatement was filed on: _____
_____ Other: _____

Additional Notes:

School Name: _____

Address: _____

Printed Name/Title, Signature, and Date: _____

Please return this completed form to:

Colorado State University-Pueblo
Attn: Registrar's Office
2200 Bonforte Blvd
ADM 202
Pueblo, CO 81001