

Alvin Community College

SEVIS Transfer Release Form

Dear Prospective Student:

To process a request for an I-20 form and complete your admission to Alvin Community College, we must receive an International Student Advisor's Report completed by your current institution.

I authorize and request that the information requested below to be released to Alvin Community College

Last Name _____ First Name _____

Middle _____

Student I.D. Number _____ Signature _____

Date _____

Semester intended to transfer to Alvin Community College

___ Fall ___ Spring ___ Summer Year _____

Dear Designated School Official:

1. How long has the student been enrolled at your institution? _____
From _____ until _____

2. Students major program of studies _____

3. Has the student met all financial obligations to your institution? Yes ___ No ___

4. Is the student currently in legal status with immigration? Yes ___ No ___

5. Could student return to your institution? Yes ___ No ___
If not, why not? _____

6. Any authorized reduction in student's course load (i.e. medical, academic difficulties):

7. Additional comments or information which you feel would be helpful would be appreciated. Thank you.

SEVIS # _____ Date Released _____

Name of Institution & Code _____ Signature of School Official
(PDSO/DSO) _____

Date _____ Telephone _____ Name (Please Print) (PDSO/DSO) _____