

Alvin Community College

SEVIS TRANSER RELEASE FORM

Dear Prospective Student: The following form must be completed by a representative at your institution in order for your transfer admission to be processed.

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

Last Name: _____ First Name: _____ Middle: _____

ACC student ID number: _____ Signature: _____ Date: _____

Semester intended to transfer to ACC: Fall ___ Spring ___ Summer ___ Year: _____

Dear Designated School Official: Please complete the section below and return via e-mail.

How long has this student been enrolled at your institution? From: _____ To: _____

Is this student currently in legal status with immigration? Yes ___ No ___

Could this student return to your institution? Yes ___ No ___

Has there been an authorized reduction in students course load? Yes ___ No ___

Is there any additional information you would like to share which you feel would be helpful?

Sevis # _____ Date Released: _____ Name of Institution: _____

Name of DSO: _____ E-mail: _____ Phone: _____

Signature of DSO: _____ Date: _____

SEVIS Transfer Information
School Name: Alvin Community College
Location: Alvin, TX
SEVIS School code: HOU214F00177000

Send completed form to:
International@alvincollege.edu