

VALENCIA COLLEGE
International Student Services (ISS)

☐ East Campus:

701 N. Econlockhatchee Trail, Orlando, FL 32825

Phone: (407) 582-2220 Fax: (407) 582-8870

☐ West Campus:

1800 S. Kirkman Road, Orlando, FL 32811

Phone: (407) 582-1125 Fax: (407) 582-1866

Date received ISO:

REQUEST FOR SEVIS RECORD TRANSFER RELEASE

Your I-20 is an electronic record maintained in the Student and Exchange Visitor Information System (SEVIS). Only one school at a time can access a student's record. If you wish to leave Valencia College and transfer to another school/academic institution, this record must be transferred to the institution you wish to attend. To request a SEVIS transfer, complete this form.

Please **READ** carefully:

- The SEVIS record can only be transferred to one school
- Transfer must be reported **within 60 days** of your program completion/graduation.
- To report the transfer, your current DSO selects a "release date". After this date, your record is transferred to your new school and they will then access the SEVIS record.
- The "release date" is a date **AFTER** degrees are posted at Valencia.
- To request an earlier date: 1) State the reason for the request, and 2) Attach supporting documents (Acceptance letter including reporting date, advising date, testing date, etc.).
- You must begin studies at the new school within **5 months** of program completion at Valencia.
- The transfer may only be cancelled **before** the release date.
- If you decide to continue at Valencia and cancel the transfer, you must notify the DSO **before** the release date.
- This procedure is only to release your SEVIS record. You must still complete all other requirements necessary for transfer.

Please **PRINT** all information requested.

SEVIS #: N _____

Last Name

First Name

Date of Birth (MM/DD/YYYY)

Student Number: V _____

Telephone: (____) _____

Term of Valencia Graduation: _____

Month and year of expected graduation: _____

Did you submit an application for graduation? _____

TRANSFER TO:

School Name: _____

Campus: _____

School Address: _____

City: _____

State: _____ Zip Code: _____

Phone #: (____) _____

Fax #: (____) _____

Expected Start Date: (MM/DD/YYYY) _____

Have you received a letter of acceptance from this school? _____ YES (Please attach a copy) _____ NO (Provide copy upon receipt)

Do you need an earlier release date: _____ YES (state date below) _____ NO

If YES, state your requested release date: _____ (MM/DD/YYYY)

State reason(s) and you MUST attach supporting documents to this request _____

Please read and sign: I authorize the DSO to transfer my SEVIS record to the above named school/academic institution. I understand that my current DSO will select a release date unless I have specified otherwise. I am aware that if I change my mind, I must notify the DSO BEFORE the transfer release date. Failure to do so will mean I will be required to attend the new school. I attest that the information documented to above is true and valid.

SIGNATURE

DATE

FOR ISO USE ONLY: Original form and all supporting documents submitted must be retained in student's DSO file.

SEVIS updated on _____
(MM/DD/YYYY)

by _____
(ISO Advisor's initials)

with transfer release date of _____
(MM/DD/YYYY)