



Student ID: _____

SEVIS Transfer In Form

Date Faxed: _____

Students transferring to the USA English Language Center on Student Visa (F) must complete the top portion of this form. The International Student Advisor or DSO at your current school must complete the bottom portion of the form. Please return the completed form by fax, email or in person.

TO BE COMPLETED BY THE STUDENT:

Last/Family Name First Name Middle (if applicable) *Print your name as it appears on your passport

Date of Birth: _____ Country of Citizenship: _____
(MM/DD/YY)

Gender: ☐ Male ☐ Female Name of School you are currently attending: _____

Email address: _____

U.S. address: _____

Do you have any Dependents that will accompany you? If yes, please list their names: _____

I authorize my International Student Advisor to provide the following information and release my SEVIS record to the USA English Language Center.

Student Signature

Date

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR - DSO

* Please release SEVIS record to: **USA English Language Center**
SEVIS School Code: SND214F59032000

1. Student SEVIS ID: _____ Students Full Name: _____

2. Date of last attendance at your school: _____

3. Is the student in good academic and financial standing? _____ If "No" please explain: _____

4. SEVIS RELEASE DATE to USA English Language Center: _____

Name and title of School Official

Signature

Official SEVIS Name of School

Date

Phone number _____ Email address _____