

**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.

Date: ACC student ID number:

Last Name: First Name: Middle:

Semester intended to transfer out from ACC:

Year: Fall: Spring: Summer:

**Dear Designated School Official:** Please complete the section below and return via e-mail to: [International@alvincollege.edu](mailto:International@alvincollege.edu)

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 Number: 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](mailto:International@alvincollege.edu)