 **SEVIS TRANSFER RELEASE FORM**

 **TO/FROM TYLER JUNIOR COLLEGE**

***STUDENT SECTION*:** You are required to obtain a release prior to transferring to/from Tyler Junior College. **Please take this form to the International student office at the University/College you are currently attending to be completed**. If transferring to TJC, once the form as been completed you may bring the form in person or e-mail to: international@tjc.edu

**ONCE YOUR SEVIS RECORD HAS BEEN RELEASED TO/FROM TJC, YOUR PREVIOUS INSTITUTION WILL NO LONGER HAVE ACCESS TO DO CHANGES IN SEVIS SHOULD YOU CHANGE YOUR MIND.**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_SEVIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYLER AREA ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET CITY ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE DATE

***SCHOOL SECTION*:** This section must be completed by a Designated School Official (DSO). **PLEASE DO NOT TRANSFER THE STUDENT’S SEVIS RECORD TO OUR OFFICE WITHOUT CONFIRMING OFFICIAL ACCEPTANCE.**

Last semester enrolled at our/your institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEVIS ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEVIS Transfer Release Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tyler Junior College School Code DAL214F00040000**

The student is in valid F-1 status: \_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

The student is out of status: (please check, if applicable)

 \_\_\_\_\_\_\_ A reinstatement to student status is pending. (**TJC does not accept International Student OUT of Status**)

 \_\_\_\_\_\_\_ Student has been advised that a reinstatement will be required upon enrollment at

 the new school.

Please list all previously authorized periods of Curricular or Optional Practical Training:

CURRICULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OPTIONAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have dependents in the U.S.: \_\_\_\_\_\_YES \_\_\_\_\_\_NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_

NAME OF DESIGNATED SCHOOL OFFICIAL E-MAIL PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL TITLE DATE

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_