SAN JACINTO COLLEGE
Your Goals. Your College.

# SEVIS
# Transfer Release Form

☐ **South Campus**
SEVIS School ID:
HOU214F00502000

☐ **Central Campus**
SEVIS School ID:
HOU214F00160000

☐ **North Campus**
SEVIS School ID:
HOU214F00504000

**TO THE STUDENT**
To process your request for an I-20 form, we must receive a status report form your current school's International Student Advisor. Please complete the top section of the form, then give or mail the form to your current advisor to be completed. Do not forget to mark what campus you plan on attending at the top of this form. The completed form must be mailed or faxed to the campus you plan on attending.

**I give permission for the information requested below to be sent to San Jacinto Community College District.**

_____
Last name (Family) First Middle

_____
Social Security # Signature Date

Semester intended to transfer to San Jacinto Community College District:
Fall _____ Spring _____ Summer _____ Year _____

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**Dear International Student Advisor:**
The student named above has applied for transfer admission to San Jacinto Community College District. Your assistance is requested in determining the student's eligibility to transfer. Please supply the following information.

1. Student's SEVIS #_____
2. Dates of last enrollment at your institution: From _____ To _____
3. Is the student eligible to continue at your institution? (If not, please explain in #9)
   Yes_____ No_____
4. Has the student met all financial obligations to your institution? Yes_____ No_____
5. According to your knowledge, is the student currently in status with USCIS? (If not, please explain in #9)
   Yes_____ No_____
6. What practical training has the student used?
   Curricular: _____ Optional: _____
7. Any authorized reduction in student's course load (i.e. medical, academic difficulties):
   _____
8. SEVIS release date of student: _____
9. We would appreciate any other information, which you feel would be helpful. Thank you.

_____
_____

Institution:
_____

PDSO/DSO Name: _____ Phone: _____

Email: _____ Fax:_____

PDSO/DSO Signature: _____ Date: _____

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***If you have any questions, please contact the International Counselor at the Campus the student plans on attending:***

**San Jacinto College South**
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