

## SEVIS TRANSFER RELEASE FORM

This form is for international students who have applied and have been accepted to an institution other than College of The Albemarle and are seeking to transfer. If you are currently in the United States on a F-1 visa and are seeking to transfer from COA, please complete this form and submit it to a Designated School Official at COA. **Your signature will authorize an advisor to provide information to a new institution.** We will not release your SEVIS record until proof of acceptance to your new institution is provided.

### SECTION 1: Student Information:

Name: \_\_\_\_\_

SEVIS#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

COA ID Number: \_\_\_\_\_ Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2: Transfer Information:

1. **Transfer Verification/Confirmation Form from your new school:** Please provide a transfer verification or confirmation form from your transfer-in school. We will verify you are maintaining your F1 status and fax any required form to your new school. If you are not in status, we will ask you to schedule an appointment.  
 The transfer verification form is attached                       The new school does not require a form.
  
2. **Letter of Admissions from your new school (Required)**  
 Term you were admitted:  Fall     Spring     Summer    of Year:
  
3. **SEVIS Release Date:** You must choose a transfer release date. The release date needs to be before we begin the next semester of classes at COA and should be before classes start at your new institution. If you are unsure of a date please consult a DSO at your new institution.  
**Please release my SEVIS record on the following date:**  (mm/dd/yyyy)
  
4. **Transfer Information:**  
 Name of Institution you wish to transfer: \_\_\_\_\_  
 School SEVIS Code: \_\_\_\_\_  
  
 DSO at Transfer Institution: \_\_\_\_\_ (name)                      \_\_\_\_\_ (phone)
  
5. **Reason for Transfer:** Please briefly explain why you decided to transfer: