

**Alvin 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 College.

Date: \_\_\_\_\_ Alvin College student ID number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Semester intended to transfer out from Alvin College:

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 College

**Location:** Alvin, TX

**SEVIS School code:** HOU214F00177000

Send completed form to: [International@alvincollege.edu](mailto:International@alvincollege.edu)