## **International Student Admissions**

10 South 2<sup>nd</sup> St., Box 1706, Reading, PA 19603 (610) 372-4721, Ext. 5259 (610) 607-6257 - Fax



## **SEVIS Release Form**

For Transferring Out of RACC

Dear International Student:

Your F-1 status and SEVIS record must be transferred to the new school. Please note that only one school can control your SEVIS record. Consequently, it's important that your decision to attend the new school is firm before you submit this form to your current international student advisor for completion. Discuss the Transfer Release Date with your RACC International Student Advisor. If you have decided to attend the new school, please complete Section I and II of this form and take it to the ISA Office or fax the completed form to the Reading Area Community College International Office at (610) 607-6257 as soon as possible.

Please bring or fax the acceptance letter from your new school confirming your admission.

## **SECTION I**

LAST NAME	FIRST NAME		DATE OF BIRTH (MM/	DD/YY)	
RACC ID#	SEVIS #		HOME PHONE	CELL PHONE	
RICC ID	SE VIS II		HOMETHONE	CEEETHONE	
	END DAME OF EDITOR	A GG TERRAL A L			
E-MAIL	END DATE OF FINAL RACC TERM (or date when you will complete all program requirements)				
Do you have dependents in the U.S. who hold F-2 status? Yes No					
If you answered yes, it is important that you have included dependent information on the Financial Certification					
Form you have completed for the Reading Area Community College.					
Torm you have completed for the re-	ading thea comman	nty conege.			
m ( D 1 D )					
Transfer Release Date: This date will be the date Reading Area Community College will release your SEVIS record to your new school. After this date, we will no longer be					
able to view your record in SEVIS. 1	•	is will terminate a	any time you have le	eft. Please make	
sure you are comfortable with this date.					
SECTION II					
CONFIRMATION OF TRANSFER DECISION					
CONTINUATION OF INAMOFER DECIDION					
Locations that I wish to transfer to this COLICOL.					
I confirm that I wish to transfer to this SCHOOL:(Complete name of school)					
		(complete	marile of sensor)		
The transfer-in school's SEVIS SCHOOL CODE		A	ADDRESS of transfer-in sci	hool	
PHONE # of transfer-in school					
FAX					
DATE or SEMESTER when you wish to begin s	tudies at transfer-in school				
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* I am requesting an early transfer release date of	(Date by which you must report to new school)
	(Sac by which you must report to hew sensor)
SIGNATURE	DATE
ISA USE ONLY (Print out SEVIS Transfer page & G	eneral Information page and attach to this form.)
SEVIS RELEASE DATE:	CLRU VIFU SEVIS IMSU
*Please attach document from new school (e.g., accept before the end of your final RACC semester.	ance letter with report date) indicating why you must report