



QUEENSBOROUGH
COMMUNITY COLLEGE

CU
NY

Office of International Affairs, Immigration, and Study Abroad
Library Building, room L-431
Email: isc@qcc.cuny.edu

Telephone (718) 631-6611
Fax (718) 281-5140

SEVIS RELEASE AUTHORIZATION FORM

PLEASE PRINT CLEARLY

TO BE COMPLETED BY STUDENT

Last Name: _____ First Name: _____

EMPLID: _____ Date of Birth: _____

SEVIS ID: _____

This is to inform you that I, Mr./Ms. _____ am transferring to
_____ College/University for the _____ semester _____ (year).

I am requesting that **QUEENSBOROUGH COMMUNITY COLLEGE** release my record in SEVIS (Student and Exchange Visitor Information System) on _____ to _____ College/University.

I understand that once the transfer is completed in SEVIS, Queensborough Community College will not be able to make any changes or access my SEVIS record and that if I do not attend _____ College/University, I will have a problem with my status.

STUDENT SIGNATURE

DATE

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

DATE OF SEVIS RECORD RELEASE: _____

SEVIS RECORD RELEASED BY: _____