



International Student Office

1020 Grove Blvd. Austin, TX 78741 (512) 223-6247 FAX (512) 223-6239

Transfer OUT Release

Date: _____ ACC ID#: _____

Name: _____
Last First

Last semester enrolled at ACC: _____ Current immigration status: _____

What school will you transfer to?

School Name: _____

Address: _____

Name of International Advisor: _____

Advisor's phone # _____ E-mail address: _____

Date you will begin classes at the new school? _____

SEVIS Record Release Date: _____

(Date to be released from ACC's I-20. Must be prior to end of semester.)

Please read and sign the following statement.

I understand that upon the release date of the SEVIS record, only the transfer school listed above will have access to my SEVIS record, and I understand that it is my responsibility to contact the International Student Office at the transfer school within 15 days of the program start date listed on my new school's Form I-20. I also understand that if I decide not to transfer to the above school after the release date, I will not be able to complete an immigration transfer within the U.S., and travel or reinstatement will be necessary in order to restore my legal immigration status.

Signature: _____

Date: _____