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# 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.  
date (mm/dd/yyyy)

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: \_\_\_\_\_