## TRANSFER-IN STATUS VERIFICATION FORM

**This form is** not a letter of acceptance. It is used to collect and verify student information.

- 1. Complete the student section of this form, then ask your current advisor to fill out the advisor section. Your advisor will send this form directly to Seattle Central College.
- 2. Request that your current school release your SEVIS (immigration) record to Seattle Central College. Ask your advisor what documentation is needed.



Part 1: To be completed by the STUDE	NT	
NANAE.		
NAME: Last (family) Name	First Name	Middle Name(s)
Current school SID#	Seattle Central	SID# (if known)
Date of Birth:	First quarter at Seattle Central w	vill be:
Email Address	Phone Number	
Will you travel outside the U.S. before begin	ning your program at Seattle Central?	P No Yes – what are your expected dates of
travel? Leaving the U.S.:	and returning to the U.S:	
"I authorize my current/previous school to p	rovide Seattle Central with information	on about my immigration status and transfer eligibility.
Student Signature		Date
Part 2: To be completed by an INTERNA	ATIONAL STUDENT ADVISOR (De	signated School Official only)
> Please do not release a terminate	ed or completed record witho	ut confirmation from Seattle Central.
Dates of Enrollment: From	To	
Student SEVIS ID:	Anticipated SEVIS Transfer Release Date:	
To the best of your knowledge, has the stude	ent maintained non-immigrant status	? 🗆 Yes 🗆 No, student is <b>out of status</b> due to:
Has the student been authorized for any of t	he following? If yes, please check bo:	x(es) and list dates.
☐ Vacation terms:		
☐ Leave of Absence:	☐ CPT: PT or FT, dates:	
☐ Medical Leave:	☐ OPT: PT or FT, dates:	
Any other issues we should be aware of?		
	Date Em	
DSO Signature	Date	nail Address
DSO Signature  Name and Title		nail Address one

Send completed form by fax or email to:

Fax: 206-934-3868

Email: SeattleCentral.Intl@seattlecolleges.edu

Release active SEVIS record to:

Seattle Central College SEA214F00001000

**International Education Programs** Phone: 206-934-3893 1701 Broadway, BE 1113 Seattle, WA 98122