

Transfer Release Form

De Anza College cannot issue a form I-20 until you and your current school complete this form and your SEVIS record is released to De Anza College. **Please inform your current school of your intent to transfer.** Students must complete **Section A** and the current school must complete **Section B**. Please return, fax (408.864.5638) or email (dainternational@fhda.edu) the completed form to the International Student Programs office at De Anza College.

Section A: To Be Completed by Student (please print or type)

Last/Family Name	First/Given Name	Middle Name ()
De Anza ID Number (if known)	Date of Birth	Telephone Number

Complete Address: street number and name, apartment number if any, city, state, zip code

Email Address

I authorize you to provide De Anza College with the information requested below. It is my intention to transfer to De Anza College.

X

 Signature Date (MM/DD/YY)

Section B: To Be Completed by International Student Advisor at Current School

To Designated School Official:

This student has qualified academically for admissions to De Anza College. Please complete the information below to determine whether the student is eligible to transfer in accordance with DHS regulations at 8 C.F.R. 214.2 (f)(8)(i)(ii).

De Anza does NOT accept "TERMINATED" or "COMPLETED" SEVIS status

De Anza College is listed in SEVIS as "**De Anza College**" **School Code: SFR214F01758000**

Visa status: F-1 J-1 Other: _____ Date of last attendance: _____

SEVIS ID#: _____ SEVIS release date: _____ OR

Upon receiving admission letter

- The student is in good standing and is/has been pursuing a full-course-of-study (or has already been reinstated to status by USCIS) and is eligible to transfer.
- The student is out of status and a reinstatement to student status was filed on _____ at USCIS and is pending.
- The student is out-of-status. (De Anza College does not accept SEVIS transfers of students in "terminated" or "completed" status)
- Other: _____
- Authorized periods of RCL: Reason: _____ From _____ To _____
- Authorized periods of Practical Training: CPT OPT NONE From _____ To _____

Name of Institution: _____

Address: _____

Name & Title of School Official Completing this Form: _____

Phone Number: () _____ E-mail: _____

Signature: _____ Date: _____