



REQUEST FOR RELEASE OF SEVIS RECORD

*This section is to be completed by the student

Full Name _____ Date of Birth _____

Email Address _____ Student ID _____

Local Address _____

I, _____, request that North Central Texas College transfer my SEVIS record to the following school:

(Name of the school you are transferring to as it appears in SEVIS)

Student Signature _____ Date _____

Acceptance letter to the school you are transferring to required.

* This section to be completed by DSO for North Central Texas College

Transferred out by _____ Release Date _____

940-498-6280 1500
940-498-6200 (fax)
international@nctc.edu