



OFFICE OF INTERNATIONAL STUDENT SERVICES
HUDSON VALLEY COMMUNITY COLLEGE
80 VANDENBURGH AVENUE
TROY, NEW YORK 12180
(VOICE) 518-629-HVCC OR 877-325-HVCC
(FAX) 518-629-7496
Email: deitcjay@hvcc.edu

SEVIS RELEASE AUTHORIZATION FORM

Please Print Clearly.

TO BE COMPLETED BY STUDENT:

Last Name: _____ First Name: _____
Student ID #: _____ Date of Birth: _____
SEVIS ID#: _____

I request that the Office of International Student Services at Hudson Valley Community College release my F-1 student record in the Student and Exchange Visitor Information System (SEVIS) to the school noted below on the specified date.

I understand that once the transfer is completed in SEVIS that Hudson Valley Community College will not be able to make changes or access my SEVIS record. All SEVIS processing will then be the responsibility of the new school.

Release SEVIS record to: _____

Release on this date: _____

Student's Signature Date

TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR ONLY

Date record was released in SEVIS: _____

Transfer Eligibility Form requested by school? YES NO

If yes, was it completed YES NO

Comments: _____