

Access Careers



Student Visa Transfer-In / SEVIS Data Release Form:

Section A: *To be completed by the student:*

Family/Last Name: _____ First Name: _____ M.I.: _____

Permanent/Foreign Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Telephone: _____ SEVIS ID#: N _____ Email: _____

I, the student intending to transfer, declare that my current attending school is authorized to release the following information to Access Careers.

Signature: _____ Date: _____

Admission Counselor, Access Careers: _____ Date: _____

Any questions, please contact Access Careers at (718) 643 - 9060

Section B: *To be completed by International Student Advisor of current school:*

I, the authorized school official, certify that the above mentioned international student is/was enrolled full-time in your school.

Name of School: _____ Major: _____

Date of Enrollment: _____ From: _____ To: _____

Is this student maintained F/M-1 student status? Yes _____ No _____ If no, Please explain: _____

Is this student eligible for SEVIS record transfer? Yes _____ No _____ If no, Please explain: _____

Has this student been participated in OPT/CPT? Yes _____ No _____ If yes, From: _____ To: _____

Please release the SEVIS record to Access Careers at Brooklyn Campus (School Code: NYC214F01957000) and FAX this form to **(718) 643 - 0639**.

Name of School Official: _____ Title: _____

School's Address: _____

City: _____ State: _____ Zip Code: _____ Ph: _____

Signature of School Official: _____ Date: _____

Please print this form and fill out completely. USDHS 120404

Access Careers, 25 Elm Place # 201, New York, NY 11201

Ph: 001 718 643 9060; Fax: 001 718 643 0639

www.AccessCareers.Edu