



SANTA ANA COLLEGE

International Student Program

AUTHORIZATION FOR SEVIS RELEASE

Last Name _____ First Name _____

Middle Name _____ Date of Birth _____
(mm/dd/yyyy)

SAC Student ID # _____ SEVIS Number _____
(Locate on the upper right hand corner of your I-20 Form)

Address: _____
(street) (city) (postal code)

Telephone: _____ Cell: _____

Email: (please print clearly) _____

Will you take classes at Santa Ana College next semester? Yes No

If yes which semester? Spring: 20____ Summer: 20____ Fall: 20 ____

I authorize Santa Ana College to release my SEVIS record to:

(Name of Institution you are transferring to)

Transfer Release Date: _____
(mm/dd/yyyy)

OPT Completion Date If Applicable: _____
(mm/dd/yyyy)

Student's Signature _____ Date: _____
(mm/dd/yyyy)

For Official Use Only

Date Received _____ Release Not Released

Comments: _____

PDSO/DSO's Signature: _____ Date: _____
(mm/dd/yyyy)