



MONROE COLLEGE

Office of International Admissions

Phone: 914-740-6406



Please Release My SEVIS Record to
Monroe College, New Rochelle, NY

SEVIS CODE: NYC214F00936001

******* TO BE COMPLETED BY YOU, THE STUDENT *******

Last Name: _____ First Name _____ Monroe ID # _____

Street Address: _____ City: _____ State: _____ & Zip Code _____

(include your apartment #)

Personal Email Address: _____ Phone Number: _____

SEVIS Number (top left corner of I-20): N _____

For which semester have you been accepted to attend Monroe College?

Check one: Fall/September 20 _____ Winter/January 20 _____ Spring/April 20 _____

Any current OPT or CPT will end immediately upon the release of your SEVIS record.

Please release my SEVIS record to Monroe College on this date: _____

MM/DD/YYYY

PLEASE NOTE: As per USCIS regulations you must complete the transfer process within 15 days of the program start date at Monroe College. **Failure to do so will deactivate your SEVIS (I-20) record** and you will no longer have valid student status.

Student Signature: _____ Date: _____

******* TO BE COMPLETED BY AN ADVISOR AT YOUR CURRENT SCHOOL *******

Once completed please send scan this to samatya@monroecollege.edu Thanks You!

School Name: _____

Dates of attendance at your school: Start Date: _____ Last Day Attended: _____

MM/DD/YY

MM/DD/YY

Student has been enrolled in a full-time course of study and is in valid F-1 status.

Student is currently on OPT. OPT authorization period: _____ to _____

Has the student met all financial obligations to your school? Yes _____ No _____

If the student is **not** in valid F-1 status, please indicate current status: _____

Comments: _____

SEVIS release date for above-named student: _____

MM/DD/YYYY

Advisor Name: _____ Advisor Signature: _____ Date: _____

Advisor Email Address: _____ Advisor Phone Number: _____