SEVIS Release – SSCC Transfer Out Form

Directions:
1. Complete and submit this SEVIS Release Form to the IP Office at South Seattle Community College
2. After receiving admissions from another SEVP-Approved institution submit or fax a photocopy of your acceptance letter to the IP Office
3. Fill out the Exit Interview Form
These documents MUST be submitted before SSCC can release your records to the new school.

PERSONAL DATA — Please type or print legibly in black or blue ink.

Name: _______________________________________________  Family Name  First Name  Middle Name

Student ID #: ____________________________  SEVIS ID #: ____________________

Phone Number: ____________________________  Email Address: __________________

Last Quarter of Study at SSCC:  ☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer  Year: __________

Are you currently authorized for Optional Practical Training (OPT)?  ☐ Yes  ☐ No
If yes, what is your OPT End Date?  _____/_____/______ (month/day/year)

Start date at the new school:  _____/_____/______ (month/day/year)

NEW SCHOOL INFORMATION

School Name in SEVIS: __________________________________________

SEVIS School Code: __________________________________________

Branch/City: __________________________________________  State: __________________

International Programs Office Phone: (________)

***PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING***

“I authorize SSCC to release my record to the school named above. I understand my record will be released at the end of my last quarter at SSCC. If my last quarter has already ended, my record will be released immediately. If 60 days have passed since the last day of my final quarter at SSCC, my record can no longer be released.

I understand that once released, SSCC will no longer have access to my SEVIS record and that SSCC cannot cancel my transfer. I also understand that if I’m leaving the U.S. while my transfer is still pending, I must re-enter the U.S. with the new I-20 from the new school. I understand that after my SEVIS record has been released, I can no longer use my SSCC I-20.”

Signature ____________________________  Date ______/_____/______

IP Office Use Only: Acceptance Letter Received ______/_____/______  SEVIS Release Date: ______/_____/20______
Data Entry:  DB  fsa  HP (SV removed)  Email  DSO_______________________  Date________________
## Exit Interview

### Part 1 – To be completed by the STUDENT

**Name:** ____________________________  **Student ID #:** ____________________________

1. **How many quarters did you study at SSCC?**

2. **Reason for leaving SSCC:**

   - [ ] Completed AA degree/vocational program
   - [ ] Completed ESL Bridge Program
   - [ ] Program not available
   - [ ] Unsatisfied with your program of study, Which program: ____________________________
   - [ ] Financial reasons
   - [ ] Location is inconvenient
   - [ ] Family reasons
   - [ ] Other (please describe): ____________________________

3. **What will you do after you leave SSCC**

   - [ ] Transfer to a four-year university, Name of University: ____________________________
   - [ ] Transfer to another community college, Name of College: ____________________________
   - [ ] Return home
   - [ ] Other (please describe): ____________________________

4. **If you are transferring to a four-year university, do you feel well prepared?**

   - [ ] Yes  [ ] Somewhat  [ ] No  [ ] Not Sure

5. **On average, how many hours a day did you spend studying?** ____________________________

6. **A. How satisfied are you with SSCC experience?**

   - [ ] Very Satisfied  [ ] Somewhat Satisfied  [ ] Not Satisfied

   b. If you answered “not satisfied”, please explain what would have made your experience better: ____________________________

7. **A. Would you recommend SSCC to your friends and family?**  [ ] Yes  [ ] No

   b. If you answered “yes” to question 7, what would you tell them about SSCC? ____________________________

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**IP Office Use Only:** Acceptance Letter Received ______/_____/______  **SEVIS Release Date:** ______/_____/______

**Data Entry:** DB  fsa  HP (SV removed)  Email  DSO_______________________  Date________________