



## The Learning Institute of Texas

11931 7<sup>th</sup> Street; Houston, TX 77072

Telephone: (281) 988-9522 Fax: (832) 379-2705

www.litexas.edu

# SEVIS Transfer Release Form

### INSTRUCTIONS:

Dear Prospective Student:

To complete your admissions to The LEARNING INSTITUTE OF TEXAS and be issued an I-20, an International Student Advisor's Report must be completed by your current institution. Your signature indicates that you have given permission for this information to be released.

### To be completed by the student:

1. Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Current Resident Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ 4. SEVIS ID Number: \_\_\_\_\_
4. Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNATIONAL STUDENT ADVISOR'S REPORT

#### To be completed by the designated school official:

1. Is the student currently in legal status with USCIS?  Yes  No
2. Does the student have a reinstatement pending with USCIS?  Yes  No
3. Is the student eligible to return to your institution?  Yes  No

If no, please explain: \_\_\_\_\_

4. Has the student met all financial obligations to your institution?  Yes  No

If no, please explain: \_\_\_\_\_

5. Length of enrollment period at your institution: From \_\_\_\_\_ Until \_\_\_\_\_

6. Program of study: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

7. Previous authorization for reduced course load?  Yes  No

If yes, what kind & dates? \_\_\_\_\_

8. SEVIS Release Date: \_\_\_\_\_ (Our school Code: HOU214F00509000)

**\* Please notify us before releasing the SEVIS record if the student is out of status**

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of DSO: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of DSO: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:** Fax: (832) 379-2705 ♦ suepark@litexas.edu ♦ Phone: (281) 988-9522