



LOS ANGELES CITY COLLEGE
INTERNATIONAL STUDENT PROGRAM

REQUEST TO TRANSFER-OUT FORM

Student Last Name: Student First Name:

Student ID: SEVIS ID:

U.S. Street Address: Apartment Number:

City: State: Zip Code:

Phone Number: Email Address:

School's name you wish to transfer to:

School's address:

Phone Number: Fax Number:

School's SEVIS Code:

Do you have any financial obligation at LACC?

- Yes
No

When is the last semester/year that you enrolled in at LACC?

Are you currently on OPT?

- Yes
No

If yes, please provide the dates of OPT: From To

Date/ semester you wish to transfer to the school:

PLEASE NOTE: YOU MUST PROVIDE AN ACCEPTANCE LETTER FROM THE EDUCATIONAL INSTITUTION ABOVE TO LOS ANGELES CITY COLLEGE TO RELEASE YOUR SEVIS RECORD.

This request form permits Los Angeles City College to release my SEVIS record to the school above.

Student Signature: Date: