



# ADAMS COLLEGE OF ENGLISH

3700 Wilshire Blvd Suite #985, Los Angeles, CA 90010  
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## Transfer Release Form

**To F-1 Student:** In order to complete the transfer to Adams College of English, you **MUST** have this form completed by the last school you were authorized to attend by the USCIS.

### \*SECTION A - For students to complete.

Full Legal Name: \_\_\_\_\_  
*Last* *First and Middle Name*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEVIS ID #: \_\_\_\_\_

*I hereby authorize the release of my student record/SEVIS from \_\_\_\_\_ to Adams College of English.*

Requested Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### To the International Student Advisor:

Please answer the following questions below and fax this form to:

**Adams College of English**  
**Attn: International Student Advisor**  
**FAX: 213 427 5549**  
**School Code: LOS 214 F 01422000**

### \*\*SECTION B - For Int'l Student Advisor to complete. (Please circle one)

\* Dates of enrollment at your institution: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Did the student complete the required course for the recent semester? Yes No

If NO, please explain: \_\_\_\_\_

\* Is this student in good financial standing? Yes No

If NO, please explain: \_\_\_\_\_

*I certify that the preceeding is correct and upon receipt of a Letter of Acceptance from Adams College of English, will release the student's SEVIS record.*

\_\_\_\_\_  
*Name of School/Institution* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature of School Official* \_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

School Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_