



INTERNATIONAL STUDENT F-1 VISA TRANSFER AUTHORIZATION

As required by the United States Citizenship and Immigration Services (USCIS), Rochester Community and Technical College **requires** the following information to legally transfer the F-1 visa bearer and maintain an "in status" standing.

Acceptance to Rochester Community and Technical College indicates your attendance for at least one (1) academic year. RCTC will finalize the file transfer once the admission and registration process is completed. Students must complete this process in a timely manner to remain "in status." The student is responsible for completing this process.

PART I: RELEASE OF RECORDS TO BE COMPLETED BY THE STUDENT VISA BEARER (F-1)

Name: _____ Date of Birth: ____/____/____
First Name Middle Name Last/Family Name mm dd yyyy

By signing this form, I authorize my current college or university to release information regarding my visa status to Rochester Community and Technical College.

Student/Visa Bearer Signature Date: ____/____/____
mm dd yyyy

PART II: TO BE COMPLETED BY CURRENT COLLEGE/UNIVERSITY PDSO OR DSO

The student listed above has applied to Rochester Community and Technical College (RCTC), **SEVIS Campus Code SPM214F00240000**. Per CIS regulations and RCTC policy, we must determine the current visa status of the student prior to formal admission. Please complete the form below to fulfill the application requirements and begin the transfer process.

Student Name: _____
First Middle Last/Family Name

Please check one: ☐ Student is leaving **in status** ☐ Student is leaving **out of status**

Any/other requirements needed prior to release: _____

Date you will release file from your institution to RCTC: ____/____/____
mm dd yyyy

During the last term of student's enrollment at your institution, please indicate whether student was ☐ full time or ☐ less than full time.

Initial term of attendance: _____ Last term of attendance: _____

Student SEVIS I20 Number: _____ Student has F-2 dependents? Yes/No
circle one

Continue to Page 2

09.01.2022

PART III: COLLEGE/UNIVERSITY INFORMATION

Name of Individual Completing Form: _____

Title: _____

Institution: _____

Phone: _____ Email: _____

By signing this form, I certify all information on this form is accurate and true to the best of my knowledge.

Staff Signature

Date: ____/____/____
mm dd yyyy

Seal or Stamp here:

Please mail, fax, or email the completed form to the following individual/office:

Alicia Zeone, Director of Enrollment/PDSO
Welcome and One Stop Center, Box 39
Rochester Community and Technical College
851 30th Ave SE
Rochester, MN 55904-49999
alicia.zeone@rctc.edu
SEVIS Campus Code: SPM214F00240000

Fax: 507.280.5014
Phone: 507.280.3509



WWW.RCTC.EDU

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A member of the Minnesota State system and an Affirmative Action/Equal Opportunity College.
RCTC provides accessible, affordable, quality learning opportunities to serve a diverse and growing community.