



Purpose. Passion. Pride.

Bethlehem Catholic High School SEVIS Student Release Request

Please fill out the appropriate section to initiate your student record release in SEVIS

Please contact Mrs. Susan Stofanak with any questions at- sstofanak@becahi.org or 610-866-0791 ex. 312

Part 1: (This section must be completed by student)

Last Name: _____ First Name: _____

Date of birth: _____ (Month) _____ (Day) _____ (Year)

Street Address: _____

City: _____ State _____ Zip Code _____

Intended Start Date: _____

Passport Number: _____ Expiration Date: _____

Part 2: (This section must be completed by the PDSO/DSO at the student's NEW educational institute)

School Name: _____ SEVIS Code _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

PDSO/DSO Name _____

PDSO/DSO Signature _____

Part 3: (This section must be completed by the PDSO/DSO at the student's CURRENT educational institution)

PDSO/DSO Instructions: Complete part 3 of this form and send to sstofanak@becahi.org , Director of International Programs at Bethlehem Catholic High School.

Name of Institution: _____

Student's SEVIS 1-20 ID Number _____

Bethlehem Catholic High School, Inc.

2133 Madison Avenue | Bethlehem, PA 18017-4699

610-866-0791 | BecaHi.org