Request for release of SEVIS record
SUPPLEMENT TO REQUEST FOR I-20 FORM

TO BE COMPLETED BY AN INTERNATIONAL STUDENT TRANSFERRING THEIR SEVIS RECORD TO CCA

Name: _____________________________________  CCA ID #: __________________

I intend to transfer to California College of the Arts for the _____________ semester.

I hereby grant permission for the information requested to be made available to California College of the Arts, school code SFR214F00605000.

_____________________________  __________________________
Student’s signature  Date

TO BE COMPLETED BY USCIS DESIGNATED SCHOOL OFFICIAL

The above named student intends to transfer to California College of the Arts for the semester stated above. The college is requesting the following information so that we may determine the student’s eligibility to transfer.

Sevis Number: ___________________  Sevis Record Release Date: ____________________

❖ Was the student registered for a full course of study at your institution?
   If yes, please indicate dates of enrollment:
   from _____________ to _____________
   If no, Please list dates of authorized reduced course load (s).
   from _____________ to _____________

❖ Has the student taken any leave of absences (academic, personal or medical?). If so, please list in Comments below.

❖ Was the student approved for any periods of practical training?
   OPT: Pre Completion/Post Completion (circle one) ________________________________
   CPT: _______________________________

❖ Has the student ever violated their non-immigrant status?  □ yes (please explain in comments)  □ no

Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Name and Title: _________________________________________________________________________

Institution: ___________________________  Tel: ___________________________

E-mail: _______________________________________________________________________________

DSO Signature ___________________________  Date ___________________________

Thank you! Please return this form to: International Admissions, California College of the Arts
1111 8th Street
San Francisco, CA 94107-2247
Fax # 415.703.9539

Questions? Please contact International Admissions at 415.703.9520