

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