

**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 8<sup>th</sup> Street**  
**San Francisco, CA 94107-2247**  
**Fax # 415.703.9539**

**Questions? Please contact International Admissions at 415.703.9520**