



I-20 TRANSFER FORM - CLA LOS ANGELES

All F-1 students must complete an I-20 Transfer Form when transferring to another school. Once completed, please mail or email this form to:

Mail:
California Language Academy
8632 South Sepulveda Boulevard
Los Angeles, CA 90045

Email:
info@cla.edu

CLA CODE: LOS214F53727000

STEP 01: Complete the student information below to authorize the release of information from your current school.

"I authorize you to send the information requested in STEP 02 to California Language Academy".

Student Last Name: _____ Student First Name: _____
Local Address: _____ State: _____
City: _____ Province: _____ Postal Code: _____
Start Date at California Language Academy (mm/dd/yyyy): _____

Student's Signature _____ Date (mm/dd/yyyy): _____

STEP 02: Give this form to your current school's Designated School Official (DSO).

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| 1. To the best of your knowledge, is the student currently in legal status and eligible to transfer? | Yes | No |
| 2. How long has the student been enrolled at your institution (mm/dd/yyyy)? From: | To: | |

Student SEVIS ID: _____ SEVIS Release Date (mm/dd/yyyy) _____
Name of School: _____ City: _____
Name of (P)DSO: _____
Phone: _____ Email: _____

(P)DSO Signature: _____ Date (mm/dd/yyyy): _____