

I-20 TRANSFER FORM - CLA SAN FRANCISCO

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
312 Sutter Street #402
San Francisco, CA 94108

Email:

info@cla.edu

CLA CODE: LOS214F53727001

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):