

I-20 TRANSFER FORM: CLA LOS ANGELES - MAIN CAMPUS

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	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 cu 1. To the best of your knowledge, is 2. How long has the student been e	the student currently in	n legal status and eligible to transfer?	Yes To:	No
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):		