

## **I-20 TRANSFER FORM: CLA SAN DIEGO**

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 444 West C Street, #420 San Diego, CA 92101

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:	S	tudent First Name:		
Local Address:			State:	
City: P	Province:		Postal Code:	
Start Date at California Language Academ	אן (mm/dd/yyyy):			
Student's Signature		Date (mm/dd/yyyy):		
STEP 02: Give this form to your current school's Designated School Official (DSO).  1. To the best of your knowledge, is the student currently in legal status and eligible to transfer? Yes  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):		