

**CALIFORNIA WESTERN SCHOOL OF LAW SAN DIEGO**  
**GRADUATE PROGRAM FOR FOREIGN LAWYERS**  
 225 Cedar Street, San Diego, California 92101-3046 [www.CaliforniaWestern.edu](http://www.CaliforniaWestern.edu)

**REQUEST FOR RELEASE OF SEVIS DATA**

**VERIFICATION OF ELIGIBILITY FOR SCHOOL TRANSFER TO THE STUDENT:** If you are transferring to California Western School of Law from another school in the United States, please complete the section below:

1. Your name \_\_\_\_\_  
                     **Last (family) name**                    **First**                    **Middle name** (exact name as appears on your passport)
2. Date of birth \_\_\_\_\_                    3. Country of citizenship \_\_\_\_\_  
                     **Month/Day/Year**
4. Place of birth \_\_\_\_\_                    5. Country of permanent residence \_\_\_\_\_
6. SEVIS ID number \_\_\_\_\_
7. Anticipated last day of study at the current school \_\_\_\_\_
8. Address in the U.S. \_\_\_\_\_

**California Western School of Law**

**SEVIS School Code:** SND214F00200000

**Note:** California Western cannot issue an I-20 until after your record has been released from your former school.

I authorize you to provide California Western School of Law with the information requested below. It is my intention to transfer to a program or study at California Western School of Law.

**Signature:** \_\_\_\_\_                    **Date:** \_\_\_\_\_

**TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO):** Please complete the following section and fax this document to: (619) 696-9999 or send a scanned copy to [ckonganda@cws1.edu](mailto:ckonganda@cws1.edu).

1. Is the student in status?    Yes    No
2. Has the student had any practical training or academic training while at your school? Yes    No

Please indicate the dates of any special practical training (curricular, optional, and academic):

Curricular \_\_\_\_\_ Optional \_\_\_\_\_ J-1 Academic \_\_\_\_\_

Anticipated date student data will be released in SEVIS \_\_\_\_\_

|                                   |                   |
|-----------------------------------|-------------------|
| <b>Name/Title of DSO/ (A) RO:</b> | <b>Signature:</b> |
| <b>Name of Institution:</b>       | <b>Date:</b>      |
| <b>Tel:</b>                       | <b>Email:</b>     |