



California Language School Applicant Status Verification Request

This is NOT a transfer out form. This is a request to confirm the current immigration status of F-1 students applying for admission to CLS. Students will not receive an official acceptance letter or transfer out form until all application requirements have been met including submission of this form.

Section 1 - This section is to be completed by the STUDENT applying for admission to CLS.

SEVIS ID: _____ Date of Birth (MM/DD/YY): _____/_____/_____

Family Name: _____ First Name: _____ Middle: _____

Today's Date (MM/DD/YY): _____/_____/_____ Mobile Phone No: _____

**I hereby grant permission for the release of the requested information below to California Language School.

Student Signature: _____

=====

Section 2 - This section is to be completed by the current FOREIGN STUDENT ADVISOR.

Note to Foreign Student Advisor: All information must be completed in order for this form to be acceptable. If you cannot determine the student's status currently, please wait to complete this form. And please DO NOT release the student's SEVIS record to California Language School until an official acceptance letter has been presented. Also, be advised that CLS DOES NOT ACCEPT COMPLETED or TERMINATED SEVIS records to be transferred to our school.

Name of School: _____ Today's Date (MM/DD/YY): _____/_____/_____

School Address: _____ Advisor's Phone No: _____

Advisor's FAX No: _____ Advisor's Email: _____

Type of Program: English Language Graduate Other: _____

Student's Start Date (MM/DD/YY): _____/_____/_____ End of Current Term (MM/DD/YY): _____/_____/_____

Note for ESL Students: IF student is enrolled in a language program, and expected to continue studying past current term, please also indicate the EXPECTED DATE OF COMPLETION (MM/DD/YY): _____/_____/_____

Is the student undergoing any disciplinary or financial issues/concerns? YES NO

If YES, comments required: _____

Do you consider the student in status? YES NO

If NO, comments required: _____

Advisor's Name: _____

Foreign Student Advisor signature (DSO)

****Foreign Student Advisor:** you may issue the form directly to the student or to the school:

Please release SEVIS record to "American Vocational College dba California Language School" (LOS214F16840000)

Fax (213-387-8383) or e-mail to admission@CaliforniaLanguageSchool.edu. Phone (213-387-0007)