

Student Name Information

Last / Family Name _____

First Name _____ M.I. _____

Date of Birth: _____ (Month / Day / Year)

CSUMB Student ID#: _____ E-mail: _____

New Student for: ☐ Fall _____ ☐ Spring _____Please check one: ☐ Undergraduate ☐ 2nd Baccalaureate ☐ Graduate**Please sign the release of information statement below and give this form to the international student advisor at the school you now attend or most recently attended.**

I grant permission for information requested below to be released to California State University, Monterey Bay.

_____ Student's Signature	_____ Date

To: Designated School Official

The above named student has been granted admission and will be issued an I-20 to attend California State University, Monterey Bay. We request confirmation of his/her status at your institution before processing.

- ☐ Student's SEVIS ID # is _____, release date is _____
Student's visa status _____ Date last attended _____
- ☐ Student is in good standing and is/has been pursuing a full course of study. (Or has already been reinstated to status by USCIS,) and is eligible to transfer.
- ☐ Student is out of status, and will need a new SEVIS I-20 from California State University, Monterey Bay. Student should see an International Counselor at CSU Monterey Bay.
- ☐ Student is out of status and a reinstatement to student status was filed on _____ at USCIS _____ and is pending. (Please enclose copies of documents filed with USCIS)
- ☐ Other: (please feel free to attach a separate sheet for explanation) _____
- ☐ Has the student been authorized for any periods of CPT/OPT? ☐ No ☐ Yes
If yes, please indicate type and dates _____

Name of School: _____

School code _____ approved on _____

_____ Signature of DSO	_____ Date
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_____ Name of DSO (please type or print)	_____ Telephone number
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FAX this form to: California State University, Monterey Bay - Office of Admissions - (831) 582-3783
Questions? Contact us at 831-582-3738