

To be completed by Student:		
Last / Family Name	First Name	M.I
Date of Birth: (Month / Day / Year)	CSUMB Student ID#: _	
E-mail:		
Current US Address:		
New Student for:		
Name of Current School:		
SEVIS ID #	Requested release date	e
Date last attended classes at Current School:		
Have you been authorized for any periods of CPT/OPT? No Yes		
If yes, please indicate type and dates		
Current School DSO Name:		
Current School DSO Email:		
Current School DSO Telephone number:		
Please sign the release of information statement Official/ International Student Advisor at the scho must send a copy of this form to <u>international@c</u>	ool you now attend or mo	-
I grant permission for my SEVIS record to be released to California State University, Monterey Bay.		
Student's Signature		Date:
For Designated School Official		

The above-named student should present you with an admission letter to California State University Monterey Bay before transferring. Our SEVIS school code is **SFR214F01693000**. We request that only Active status students be transferred to us. If the student is not currently in Active status please reach out to our office before processing. Contact the International Office at California State University Monterey Bay at international@csumb.edu or call 831-582-4778.

international@csumb.edu | Ph: 831.582.4778 | Fax: 831.582.3314