**Agent/Educational Consultant Release Form**

Office of International Admissions

5151 Park Avenue, Fairfield, CT 06825

**\*\*Upload this document when submitting your online application\*\***

This form is considered part of your application. Your application will not be reviewed until a signed copy has been received.

# Agent/Educational Consultant Release

**Check one:**

**NO**, I am not working with an agent/educational consultant. For Saudi Arabian SACM students, please check this box if you are working with no organization other than SACM.

**YES**, a third party is handling my application. I authorize the person listed below to represent me in applying for admission to Sacred Heart University (SHU). This representative may contact SHU’s Office of International Admission on my behalf. The Office of International Admission may also communicate directly with this representative regarding my application and admission to SHU.

Student’s Name:

Student’s Signature:

Note: Original student signature required - student’s signature should match signature on passport.

# Representative’s Information

Name of Representative:

Representative’s Email (Required):

Representative’s Skype or Phone:

**Representative’s Relationship to Student (Choose one):**

Family Member

Friend

Agent/Educational Consultant

Educational Consultant/Agency Name:

Date: