Sacred Heart UNIVERSITY

Agent/Educational Consultant Release Form for Sacred Heart University

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.

Check one	**Agent/Educational Consultant Release**
	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 Admissions on my behalf. The Office of International Admissions may also communicate directly with this representative regarding my application and admission to SHU.

Student's Name [print]: _____

Student's Signature: _____

Name of Representative: _____

Representative's Email (required): _____

Representative's Skype or Phone: _____

Representative's relationship to student (circle one):

____ family member

____ friend

____ Agent/educational consultant

Educational Consultant/Agency Name: _____

Date: _____