



**STUDENT ACKNOWLEDGEMENT OF AGENT ACCESS TO ACADEMIC RECORDS**

Wright State University – Dayton, Ohio  
University Center for International Education

**This document must be completed, signed, and uploaded by the applicant into the application portal. Incomplete forms or forms with typed signatures will not be accepted.**

<b>Section A: Student Information</b>	
Student Name (Last, First):	Student Application ID:
Home Address: (Street, house/apt. #, city, state, country, zip code)	Email Address:
<b>Section B: Agent Information (Company)</b>	
Company Name	
Company Address:	
Company Email:	
Sub Agency (If applicable):	
<b>Section C: Student Certification</b>	
I authorize Wright State University to accept educational records or release information to the agent(s) listed in section B. The agent may: <input type="checkbox"/> submit my application dossier for admission evaluation <input type="checkbox"/> follow up on application status <input type="checkbox"/> follow up on I-20 processing status <input type="checkbox"/> request enrollment verification <input type="checkbox"/> receive information pertaining to my financial status (for I-20 issuance and payment of tuition and fees) <input type="checkbox"/> manage all application communications	
I acknowledge that this release will remain in effect for one academic year after enrollment.	
Student Signature :	____/____/_____ Date (MM/DD/YEAR)
OFFICIAL USE ONLY:	