

Optional

According to university regulations, we are not permitted to release information pertaining to an applicant's status to anyone but the applicant.

If you wish to designate a specific person in this country as your representative, please provide the following information.

IMPORTANT: This form must be completed by the applicant and mailed directly to the program to which you are applying. It will **not** be accepted if it is hand-carried to the program.

NAME OF REPRESENTATIVE: _____
(Please print.)

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

YOUR SIGNATURE: _____

PRINT YOUR NAME: _____
LAST (Family Name) FIRST (Given Name)

STUDENT ID NUMBER: _____
(If Known)

If you would like your I-20 form to be given to your representative, please sign below:

SIGNATURE: _____

PRINT YOUR NAME: _____

DATE: _____