



Miami: International Student Office/PDSO | Email: international-students@albizu.edu | Phone: (+1) 305-593-1223, ext. 3244

Third-Party Consent Form

STUDENT INSTRUCTIONS: In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, Albizu University requires that students provide written consent to authorize the release of information and/or records to a family member, friend, or any other person. If you need to have someone visit Albizu University to pick up a form or other material for you, fill out the top part of this form and give it to the individual who will be acting on your behalf. Note that Albizu requires that the individual provide both the completed form and a photo ID in order to obtain any records or information in your name.

| A. Student Information | | |
|--------------------------------|---------------|---------------------|
| Surname/Family Name(s) | | Given/First Name(s) |
| Albizu University Student ID # | Email Address | Phone Number |

| B. Student Third-Party Consent | |
|--|-------------------|
| I authorize Albizu University to permit the individual (the Third Party) listed below to undertake the specified activities on my behalf (check all that apply): | |
| <input type="checkbox"/> Pick up the following document(s): _____ | |
| <input type="checkbox"/> Drop off the following document(s): _____ | |
| Third Party Name (print) | |
| Student Signature | Date (mm/dd/yyyy) |
| Third Party Signature (please sign in the presence of an Albizu representative) | Date (mm/dd/yyyy) |

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|--|--|
| Albizu Representative Signature | |
|--|--|