

STUDENT INFORMATION ACCESS FORM

The purpose of this form is to allow the agents, agencies or sponsor(s) listed below to make inquiries on behalf of the student during or after the application process. Ensure this online form is completed & signed by the student, with a copy of the student's identity page of passport or Government ID, which includes a picture, no later than five (5) business after the application has been submitted on the University's website.

STUDENT / APPLICANT INFORMATION	
MUID/APPLICATION ID NUMBER	
LAST NAME (SURNAME)	
GIVEN NAME (FIRST NAME)	
DATE OF BIRTH (MM/DD/YYYY)	
COUNTRY OF CITIZENSHIP	
EMAIL	
INTAKE TERM	
PROGRAM	
STUDENT / APPLICANT PERMISSION	
<p>The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that Marshall University personnel may provide information from your education records as indicated below. You further acknowledge that: (1) You have the right not to consent to the release of your education records; and (2) this consent shall remain in effect until revoked by you, in writing, and delivered to Marshall University, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.</p> <p>I, the undersigned, authorize Marshall University to release the following educational records and/or any information contained therein:</p> <p> <input type="checkbox"/> Application records and information <input type="checkbox"/> Other: _____ <input type="checkbox"/> Enrollment records and information <input type="checkbox"/> All records <input type="checkbox"/> Financial records and information </p> <p>Student / Applicant Signature: _____ Date: _____</p> <p style="text-align: center;"><small>Must include original signature</small></p>	
PRIMARY AGENCY INFORMATION	
PRIMARY AGENCY NAME	
AGENCY CODE	
AGENT / RECRUITER NAME (if releasing records to all agency staff, state "All agents")	
EMAIL	
PHONE (include country code)	
SECONDARY AGENCY INFORMATION (if applicable)	
SECONDARY AGENCY NAME	
AGENCY CODE	
AGENT / RECRUITER NAME (if releasing records to all agency staff, state "All agents")	
EMAIL	
PHONE (include country code)	

Once completed, please email to international@marshall.edu and allow time to be processed.

