



UNIVERSIDAD IBEROAMERICANA
UNIBE
MAIN CAMPUS

STUDENT REQUEST FOR RELEASE OF ACADEMIC INFORMATION
(PLEASE PRINT)

I hereby authorize UNIVERSIDAD IBEROAMERICANA - UNIBE to conduct the following background request of educational information in connection with my candidacy for admission procedure in this institution. (This form is intended for student use to authorize request of private student record information from a third party).

Full Name of Student _____

Date of Birth _____

Social Security Number (SSN) _____

Female

Male

I understand that the following information is for educational purposes only so that UNIBE can accurately proceed with the assembly of background check reports admission procedure.

Please print your name _____

Signature _____ Date _____