



LASPAU: Academic and Professional Programs for the Americas
25 Mt. Auburn Street, Cambridge, MA 02138-6095 USA

Release of Application and Academic Information

Please complete and mail this form to LASPAU.

Name: _____

Home Country: _____

I hereby authorize the release of any information pertaining to my university application to personnel at my sponsoring agency, LASPAU: Academic and Professional Programs for the Americas.

Furthermore, upon placement at a university, I understand that it is my responsibility to furnish LASPAU with my official grades and all reports relevant to my status as a student for the duration of my sponsorship. I hereby authorize my host institution to release my academic records when requested by LASPAU personnel, as well as any other information as it pertains to my academic progress.

Signature: _____ Date: _____