To request a migration certificate, please complete this form. There is a $10.00 processing fee for each migration certificate request. Please include all fees with request.

**FOR STUDENTS REQUESTING:** Please fill out the form, sign, and date. Please submit this form, receipt of processing fee, and all other supporting documents to [**registrar@iau.la**](mailto:registrar@iau.la).

**FOR THIRD PARTIES:** Please have the student fill out the form to verify that they consent to your party requesting migration certificate. Once student has filled out the form and signed, please submit this form, receipt of processing fee, and other supporting documents to [**registrar@iau.la**](mailto:registrar@iau.la).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | |
| **Last Name:** |  | | | | | | | **Given Name:** | | | |  | | | |
| **SEVIS ID#:** | N |  |  |  |  |  |  |  |  |  |  | **STUDENT ID#:** |  | |
| **Telephone#:** |  | | | | | | **Email:** | |  | | | | **DOB:** |  | |
| **Program:** |  | | | | | | | | | | | | | | |

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| **RECEIVING PARTY INFORMATION** | | | | |
| **Company / Party Requesting** | |  | | |
| **Attention To:** |  | | | |
| **Mailing Address:** |  | |  |  |
| *Street Address* | | *Apt/Suite Number* | *City* |
|  | |  |  |
| *State / Province* | | *Country* | *Zip Code* |
| **Telephone:** |  | | **Email Address:** |  |
| **Reason for Request:** |  | | | |

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| --- | --- | --- | --- |
| **ORDER DETAILS** | | | |
| **Description** | **QTY** | **$ Per Item** | **AMOUNT** |
| **I would like the migration certificate sent via email** | **-----** | **----------** | **FREE** |
| **I will pick up the migration certificate in person.** | 0 | **X $10.00/each=** | **$** |
| **I am requesting a migration certificate to be mailed via USPS in the U.S. without tracking** | 0 | **X $10.00/each=** | **$** |
| **I am requesting a migration certificate to be mailed via USPS in the U.S. with tracking** | 0 | **X $20.00/each=** | **$** |
| **I am requesting a migration certificate to be mailed via UPS outside the U.S. with tracking\*** | 0 | **Varies** | **$** |
| **Total Number of migration certificate Requested:** | 0 | **TOTAL DUE:** | **$** |
| \*\*\*\*\*\*\*\*\*\* Please attach the receipt of payment to this form \*\*\*\*\*\*\*\*\*\* | | | |

\*International shipping fee varies from country to country. Please contact Office of the Registrar at [**registrar@iau.la**](mailto:registrar@iau.la) for international shipping fee.

|  |  |
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| **Part 4) STUDENT CONSENT** | |
| By signing this document, I consent that I have been informed that the party listed in Part 2 of this request would like to do a migration certificate check for intended purposes. I consent to a migration certificate check and authorize the release of the report and any other information to the party listed in Part 2. I hereby release the company, its divisions, affiliates, and associates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation of the information contained in the migration certificate, and the disclosure of such information for company intended purposes. | |
|  |  |
| STUDENT SIGNATURE (DIGITIAL SIGNATURE ACCEPTABLE) | DATE |

|  |  |  |
| --- | --- | --- |
| **INTERNAL USE ONLY** | | |
| **RECEIVED BY:** | **DATE RECEIVED:** | **DATE ISSUED:** |