

Transcript Release Form

School Name

Address

Attn: Transcripts and Records Office

Dear Sir or Madam ,

This is to authorize release of an official transcript or any other information pertaining to my enrollment to:

*Embassy of The State of Kuwait  
Cultural Division*

*Attn : Authentication Department  
3500 International Drive, NW  
Washington, D. C. 20008*

My dates of attendance were from ----- to -----

My social security/school I.D. number is -----

My complete name appears in your records as -----

----- and my date of birth is -----

Thank you for your kind assistance in this matter.

\_\_\_\_\_  
(Signature)

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