

Transcript Release Form



**Ministry of Higher Education
Equivalency Department**

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

My dates of attendance were from **to**

My social security / School I.D Number is

My Complete name appears in your records as

Date of Birth is :

Thank you for your kind assistance in this matter .

.....

(Signature)