

# 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 }