

# Authorization Form

I ..... , hereby authorise

The University/ College..... to release any academic information pertaining to myself (including transcripts, Progress report, results, and certificates) to the:-

**Kuwait Cultural Office**

**60A Knightsbridge,**

**London SW1X 7JX**

As and when requested

Student full Name: .....

DOB: ..... Civil Id:.....

Address: .....

.....

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Tel: .....

E-mail: .....

Signature: .....

Date: .....

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Please quote our reference

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