



**EMBASSY OF THE STATE OF KUWAIT  
CULTURAL DIVISION**

3500 International Drive, N.W., Washington, D.C. 20008 Telephone (202) 364-2100 FAX (202) 363-8394/ (202) 362-4379

**RELEASE OF INFORMATION AUTHORIZATION FORM**

**DATE:** \_\_\_\_\_

**To Whom It May Concern:**

This is to authorize the university where I am currently enrolled or have attended in the past to release information related to my studies to my sponsors, the Embassy of the State of Kuwait, Washington, D.C.

Specifically, I acknowledge that as part of my sponsorship/scholarship award, my sponsors are allowed access to the following information:

- 1. My registration and grades for each academic term & one official transcript at the end of the academic year.**
- 2. Disclosure of number and type of course(s) taken through non-traditional format (i.e. online/distance education/independent study/special topics/hybrid)**
- 3. Disclosure of campuses attended**
- 4. Disclosure of any situation, academic, medical or personal, that may affect my current or future enrollment at the university.**
- 5. Complete disclosure of any disciplinary or punitive action taken by the university either for academic or personal conduct violations.**
- 6. A final, official transcript upon my graduation after my degree has been posted.**

This statement allows the university to release the information indicated both in written or oral communication with the representatives of my sponsor, the Embassy of the State of Kuwait- Cultural Division.

**Signed:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**University ID (if available):** \_\_\_\_\_