



**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

**Transcript Release Form**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Attn: Registrar Office

Dear Sir or Madam:

This is to authorize release of transcripts or any other information pertaining to my enrollment to:

**Embassy of the State of Kuwait**  
**Cultural Division**  
**Kuwait University Office**  
**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)