

Embassy of
the State of Kuwait
Cultural Office
Ottawa, Canada



سفارة دولة الكويت
المكتب الثقافي
أوتاوا - كندا

Consent to Release Academic Information

Student's Name: _____

Student's Number: _____

Date of Birth: _____

Passport Number: _____

In accordance with the regulations administered by the Kuwait Cultural Office in Canada.

I hereby; authorize and instruct my current institution to release to Kuwait Cultural Office in Canada, at their request, any information concerning my academic performance, including transcripts, academic progress report, and results of tests, and / or evaluations.

This consent is also directed to any Canadian University or college I have attended in the past or may be attending in the future.

Student Signature: _____