



## **Authorization to Represent and Release Information**

Date: \_\_\_\_\_

To Whom It May Concern

I hereby authorize my government sponsor, the Cultural Office of the State of Kuwait to represent me to your institution/School/College/University.

I also hereby authorize your institution/School/College/University to release all information to my government sponsor, the Kuwait Cultural Office of the Embassy of Kuwait regarding my application and enrollment at your institution, specifically in reference to my:

- Application
- Admission/Acceptance
- Financial/Billing Concerns and Records
- Academic Records, Transcripts, Guardian and Registration Records
- Records of Disciplinary Proceedings
- Residence Life Records and Information

I confirm that I have read the above-mentioned authorization and that I fully understand the meaning and intent of this document

Student's Name: \_\_\_\_\_

Student's Number: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

E-mail Address: \_\_\_\_\_