



### Release of Information Consent Letter

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Name) (Name of Educational Institution)

(“Institution”) to disclose my education records, including the following specific records:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Transcript   | <input checked="" type="checkbox"/> Disciplinary Actions/Issues |
| <input checked="" type="checkbox"/> Degree Plan and/or Diploma   | <input checked="" type="checkbox"/> Current Living Address      |
| <input checked="" type="checkbox"/> Admission Records  | <input type="checkbox"/> Other                                  |
| <input checked="" type="checkbox"/> Immigration Document Copies (Passport, Visa, I-20 form, I-94, EAD, etc.) | _____   |

to the Cultural Division of the Embassy of the United Arab Emirates or to any other academic institution designated by the aforementioned Embassy. I further authorize the Cultural Division of the Embassy of the United Arab Emirates to obtain the above specified records from the Institution and from any other third parties. In the event the Educational Institution requires a separate form, I authorize the Cultural Division of the Embassy of the United Arab Emirates to receive the information specified on the Educational Institution’s form.

Student Name : \_\_\_\_\_  
First Middle Last

University Student ID : \_\_\_\_\_

Date of Birth : \_\_\_\_\_  
Month Day Year

Signature : \_\_\_\_\_

Date : \_\_\_\_\_  
Month Day Year