



Release of Information Consent Letter

I, _____, hereby authorize _____
(Name) (Name of Educational Institution)

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

Transcript	Disciplinary Actions/Issues
Degree Plan and/or Diploma	Current Living Address
Admission Records	Other
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