



Release of Information Consent Form

Please fill out the following form for each university with your personal information **as it is listed on your educational documents.**

I certify that I personally completed the credits and degree stipulated in the attached documents and that the documents are true and authentic. I hereby authorize the university to release my official transcript, degree plan, diploma and list of online, hybrid or distance education classes to the Cultural Division of the Embassy of the United Arab Emirates.

Name: _____

Date of Birth (Month/ Day/ Year) : _____

E-mail Address: _____

Name of University: _____

University Campus: _____

Degree or Number of Credits Earned: _____

Student ID Number: _____

Student Signature: _____ **Date:** _____