



**EMBASSY OF THE STATE OF KUWAIT
CULTURAL DIVISION**

3500 International Drive, N.W., Washington, D.C. 20008 Telephone (202) 364-2100 FAX (202) 363-8394/ (202) 362-4379

RELEASE OF INFORMATION AUTHORIZATION FORM

DATE: _____

To Whom It May Concern:

This is to authorize my sponsor, the Embassy of the state of Kuwait in Washington DC to obtain information related to my studies/status in the United States.

Specifically, I acknowledge that as part of my sponsorship award, my sponsors are allowed to access the following information:

1. **My registration and grades for each academic term & official transcript at the end of the academic term/year.**
2. **Disclosure of number and type of course(s) taken through non-traditional format (i.e. online/hybrid/distance education/independent study/special topic/remove/virtual).**
3. **Disclosure of campuses attended.**
4. **Disclosure of any Situation, academic or personal, that may affect my current or future enrollment at the university.**
5. **Complete disclosure of any disciplinary or punitive action taken by the university either for academic or personal conduct violations.**
6. **Final official transcript upon my graduation after my degree has been posted.**
7. **Information regarding my US immigration status (Visa, SEVIS record, I-20. I-94/Travel history, etc.)**
8. **Health Insurance information and records**

This statement allows the university to release the information indicated both in written or oral communication with the representatives of my sponsor, the Embassy of the State of Kuwait- Cultural Division.

Signed: _____

Printed Name: _____

University ID (if available): _____

Date: _____