



EMBASSY OF THE STATE OF KUWAIT
CULTURAL DIVISION

2111 Wilson Blvd, Suite 500, Arlington, VA 22201 Telephone: (202) 364-2100

Financial Information Release Form

School Name: _____

Address: _____

Attn: Financial/Bursar Office

Dear Sir or Madam:

This is to authorize release of financial information or any other information pertaining to my enrollment to:

Embassy of the State of Kuwait
Cultural Division
Kuwait University Office
3500 International Drive, NW
Washington, D.C. 20008

My dates of attendance were from _____ to _____.

My social security/school I.D. number is _____.

My complete name appears in your records as _____ and

My date of birth is _____.

Thank you for your kind assistance in this matter.

(Signature)