

**Information Release Form**

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*School Name*

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*Address****Attn: Transcripts and Records Office***

Dear Sir or Madam:

This is to authorize release of information pertaining to my enrollment to:

***Embassy of the State of Kuwait  
Cultural Division******Attn: \_\_\_\_\_  
(Academic Adviser)  
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.

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(Signature)