



EMBASSY OF THE STATE OF KUWAIT
CULTURAL DIVISION

AUTHORIZATION to REPRESENT and RELEASE INFORMATION

Date: _____

To Whom It May Concern:

I hereby authorize my government sponsor, the Cultural Office of the Embassy of the State of Kuwait to represent me to your Institution/School/College/University.

In compliance with The Family Educational Rights and Privacy Act of 1974 (FERPA), I also hereby authorize your Institution/School/College/University to release all information to my government sponsor, the Kuwait Cultural Office of the Embassy of Kuwait regarding my application and enrollment at your institution, specifically in reference to my:

- Application
- Admission Acceptance
- Financial/Billing Concerns and Records
- Academic Records, Transcripts, Graduation and Registration Records
- Records of Disciplinary Proceedings
- Residence Life Records and Information

Address of the Cultural Office of the Embassy of the State of Kuwait:

1) Washington D.C. Office

3500 International Drive, N.W.
Washington, DC 20008
Tel. #202-364-2100; Fax #202-363-8394

2) Los Angeles Office

2029 Century Park, East Suite 2500
Los Angeles, CA 90067
Tel. #310-746-4789; Fax #310-789-1159

I confirm that I have carefully read the above-mentioned authorization and that I fully understand the meaning and intent of this document.

Student's Signature: _____

Name (as reflected on the passport): _____

Civil ID Number: _____

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

Email Address: _____