



**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
801 S. Figueroa Street, Suite 1900
Los Angeles, CA 90017
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:
