

**Consulate General of the State of  
Kuwait  
Kuwait Cultural Office  
Los Angeles**



**القنصلية العامة لدولة الكويت  
المكتب الثقافي الكويتي  
لوس أنجلوس**

**RELEASE OF INFORMATION AUTHORIZATION FORM**

**DATE:** \_\_\_\_\_

**To Whom It May Concern:**

This is to authorize the employer for whom I am currently working and completing my Optional Practical Training opportunity or have worked for in the past to release information related to my employment to my sponsors, the Kuwait Cultural Office, Los Angeles.

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

- 1. Information pertaining to the verification of my employment.**
- 2. Information pertaining to my performance for my employer.**
- 3. Verification of my employment provided to my sponsor by my employer on a quarterly basis or as requested.**
- 4. A final report from my employer once my Practical Training has been completed.**
- 5. Disclosure by the employer of any professional or personal situation that may affect my current or future employment with this employer.**
- 6. Complete disclosure of any disciplinary or punitive action taken by my employer either for professional or personal conduct violations.**

This statement allows my employer to release the information indicated both in written or oral communication with the representatives of my sponsor, the Consulate General of the State of Kuwait, Kuwait Cultural Office.

**Student's Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_