



RELEASE OF INFORMATION AUTHORIZATION FORM

DATE: _____

To Whom It May Concern:

This is to authorize the university where I am currently enrolled or have attended in the past to release information related to my studies to my sponsors, the Kuwait Cultural Office, Los Angeles.

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

1. **My registration and grades for each academic term & one official transcript at the end of the academic year.**
2. **Disclosure by the university of any course information requested (i.e.: method of instruction - online/hybrid/in-class, transfer-in credits), stemming from previous, current, and/or future enrollment.**
3. **A final, official transcript upon my graduation after my degree has been posted.**
4. **Disclosure by the university of any financial information, stemming from current or future enrollment, personal or mandatory charges.**
5. **Disclosure by the university of any academic or personal situation that may affect my current or future enrollment at the university.**
6. **Complete disclosure of any disciplinary or punitive action taken by the university either for academic or personal conduct violations.**

This statement allows the university 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.

Signed: _____

Printed Name: _____

University ID (if available): _____