



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
- Disclosure of Number and Type of Course(s) Taken Through Non-Traditional Formats (e.g., online, hybrid, distance education, independent study, special topics, virtual)
- Records of Disciplinary Proceedings
- Residence Life Records and Information
- Information Regarding U.S. Immigration Status (Visa, SEVIS Record, I-20, I-94/Travel History, etc.)
- Health Insurance Information and Records

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:
