

AUTHORIZATION TO RELEASE INFORMATION
(for Kuwait University student applicants)

University name and address:

I hereby authorize Ms. Carol Makhoul, Academic Advisor, at the Kuwait University Office, Embassy of the State of Kuwait, in Washington, D.C. USA, to act on my behalf in all matters related to my application, I-20 and admission to the _____.
write university name.

Applicants Name: (print name as it appears in the passport):

SSN:

Date of Birth: (in the format month/day/year):

Degree and major applying to:

Semester applying to:

Mailing address:

Telephone number:

Fax number:

e-mail address:

mm/dd/yy application was submitted on-line:

signature of applicant

date (in the format month/day/year)