



**EMBASSY OF THE STATE OF KUWAIT**  
**CULTURAL DIVISION**

**AUTHORIZATION to REPRESENT and RELEASE INFORMATION**

Date: \_\_\_\_\_

To Whom It May Concern:

**I hereby authorize 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 the Cultural Office of the Embassy of Kuwait regarding my application and/or enrollment at your Institution, specifically in reference to my:**

- Application/Admission/ Acceptance/Enrollment
- 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**

2049 Century Park, East Suite 1950  
Los Angeles, CA 90067  
Tel. #310-746-4780; 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): \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Email Address: \_\_\_\_\_

University ID#/Social Security #: \_\_\_\_\_