



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

2111 WILSON BLVD, SUITE 500, ARLINGTON, VA 22201 TELEPHONE: (202) 364-2100 FAX: (202) 363-8394/ (202) 362-4379

**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/Residency/Fellowship 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. or Canadian 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**

2111 Wilson Blvd, Suite 500  
Arlington, VA 22201  
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: \_\_\_\_\_