



**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

Transcript Release Form

School Name: _____

Address: _____

Attn: Registrar Office

Dear Sir or Madam:

This is to authorize release of transcripts or any other information pertaining to my enrollment to:

***Embassy of the State of Kuwait
Cultural Division
Kuwait University Office
3500 International Drive, NW
Washington, D.C. 20008***

My dates of attendance were from _____ to _____.

My social security/school I.D. number is _____.

My complete name appears in your records as _____ and

My date of birth is _____.

Thank you for your kind assistance in this matter.

(Signature)