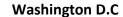
Embassy of the State of Qatar

Cultural Attaché Office





سفارة دولة قطر مكتب الملحق الثقافي واشنطن دي. سي

Release of Information Consent Letter

I hereby authorize you to release my verification enrollment, official transcript, degree plan, diploma, accountant history or any other information to the Qatar Cultural Attaché Office or to any other academic institution designated by the aforementioned Qatar Cultural Attaché Office.

Student Information		
Full Name:	Date of Birth:	Phone Number:
School Name:	ool Name: Campus Name:	
Student University/College ID: Qatari ID:		Qatari ID:
Email Address:	Mailing Address:	
Student Status:	☐ Undergraduate	☐ Graduate
Please release the following records:		
	on: (Online Courses along with croons to the Embassy of State of	edit hours). Qatar Cultural Attaché Office.
 □ Fax Number: (703) 991-9791 □ Mailing Address: 8100 Boone Blvd Suite 650, Vienna VA 22182 □ Recipient name: Larry Oliver Email: larry@qrcultural.org Phone Number: 703-345-2961 Tittle: Academic Manager 		
I authorize you to release my information to the name indicated above.		
Student SignatureDate: / /		