

Embassy of the State of Qatar

Cultural Attaché Office

Washington D.C



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: _____ **Campus Name:** _____

Student University/College ID: _____ **Qatari ID:** _____

Email Address: _____ **Mailing Address:** _____

Student Status: ☐ Undergraduate ☐ Graduate

Please release the following records:

- ☐ Transcript:
- ☐ Billing Inquiries:
- ☒ Enrollment verification: (Online Courses along with credit hours).

Release information to the Embassy of State of Qatar Cultural Attaché Office.

- ☐ Fax Number: [\(703\) 991-9791](tel:7039919791)
- ☐ Mailing Address: [8100 Boone Blvd Suite 650, Vienna VA 22182](mailto:larry@qrcultural.org)
- ☐ Recipient name: Larry Oliver **Email:** larry@qrcultural.org
Phone Number: 703-345-2961
Title: Academic Manager

I authorize you to release my information to the name indicated above.

Student Signature _____ **Date:** / /