

Kingdom of Saudi Arabia  
Ministry of Education  
Saudi Cultural Mission – USA  
Certificates Equalization Department

Written Consent

To: Student Records

At: \_\_\_\_\_

I hereby authorize The Saudi Arabian Ministry of Education and its representative the S.A. Cultural Mission to enquire and receive any information relevant to my previous academic study including transcripts, certificates, grades and **the nature and content of my completed coursework** at your university.

Your cooperation in this matter is greatly appreciated.

Sincerely yours.

Name: \_\_\_\_\_

D.O.B.: Month \_\_\_\_\_ / Day \_\_\_\_\_ / Year \_\_\_\_\_

Academic Number (School not SACM): \_\_\_\_\_

Student Email: \_\_\_\_\_

Signature: \_\_\_\_\_