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سفارة دولة الإمارات العربية المتحدة
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Release of Information Consent Letter

I hereby authorize you to release my official transcript, degree plan, diploma or any other information to the Embassy of the United Arab Emirates, Cultural Bureau or to any other academic institution designated by the Embassy.

Student Name: _____
First Name/ Middle Name/Last Name

Student Number: _____

Date of Birth: _____
Month/Day/Year

Signature: _____

Date: _____
Month/Day/Year