



ممثلة وزارة التعليم العالي والبحث العلمي العراقية في الولايات المتحدة الامريكية وكندا
Representative of Iraqi Ministry of Higher Education & Scientific Research (MoHESR) in U.S.A. and Canada
Release of Academic Records Consent Form

This form authorizes full release of my academic records to the Iraqi Cultural Office of the Embassy of the Republic of Iraq in Washington D.C.

Academic Institution Name: _____

Academic Institution Address: _____

City: _____ State: _____ Zip Code: _____

Applicant First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____

School ID: _____

Student ID: _____

SSN: _____

Date attended from (mm/dd/yyyy): ____/____/____ To: ____/____/____

Degree: _____

Applicant Signature: _____

Cultural Office of the Embassy of Iraq:

Name: **Dr. Ali Almayahi** _____

Signature: _____ 

For faster verifications, Please provide us with the following information:

Counseling, Guidance or Registrar Name: _____

Counseling, Guidance or Registrar Phone number: _____

Counseling, Guidance or Registrar Fax: _____

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IMPORTANT NOTE: This form must be filled completely, if any part is missing it will be returned to the applicant.

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