



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

Release of Information Consent Form

I,, signed below authorizes your institution to fully release my records to the Iraqi Cultural Office / Embassy of the Republic of Iraq in Washington D.C.:

➤ **Institution information:**

Institution Name: _____

School ID: _____

Institution Address: _____

City: _____ State: _____ Zip Code: _____

➤ **Applicant Information:**

Applicant First Name: _____ Middle Name: _____

Last Name: _____

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

Student ID: _____

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

Degree: _____

Applicant Signature: _____

➤ **More Information to be filled by the applicant:**

Counseling, Guidance or Registrar Name: _____

Counseling, Guidance or Registrar Phone number: _____

Counseling, Guidance or Registrar Fax: _____

Counseling, Guidance or Registrar Email: _____



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