



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 (School/University) Name: \_\_\_\_\_

School ID: \_\_\_\_\_

\*Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Counseling, Guidance or Registrar Name: \_\_\_\_\_

Counseling, Guidance or Registrar Phone number: \_\_\_\_\_

\*Counseling, Guidance or Registrar Official Email: \_\_\_\_\_

#### ❖ Applicant Information

\*Student First Name: \_\_\_\_\_ \*Middle Name/ (father Name) : \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student ID: \_\_\_\_\_

\*Date attended school from (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Degree or Grade: \_\_\_\_\_

\*Applicant Signature: \_\_\_\_\_

ملاحظة مهمة / يجب الاجابة على جميع الحقول المؤشرة بالعلامة \* بصورة صحيحة وبخلافه تهمل المعاملة ويتم اعادتها الى صاحب العلاقة

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