



( تخويل الملحقية الثقافية بالحصول على معلومات عن الطالب من المؤسسات التعليمية في بريطانيا )

### CONSENT, AUTHORIZATION AND DIRECTION

I hereby give my UNCONDITIONAL AND IRREVOCABLE CONSENT, AND DIRECTION to any and all British/Irish educational institutions, universities, licensing authorities, hospitals, and related educational and medical agencies and associations in which I am, or become a student, trainee, employee, patient, or member of, to release to the Saudi Arabian Cultural Bureau in London, U.K any and all information which you may possess or acquire in the future in relation to me, including all academic and other records, results of tests, examinations or evaluations, medical and other personal records and/or any other knowledge and information that you may possess or come to possess in relation to me, AND FOR SO DOING LET THIS BE YOUR GOOD AND SUFFICIENT AUTHORITY.

For greater certainty, this document is not intended to apply to personal financial information, including without limitation, banking records.

This Acknowledgement and this Consent, Authorization and Direction and this Release shall continue in full force and effect for the duration of my studies and/or training in the United Kingdom/Ireland and thereafter until the discharge of my above-mentioned financial obligations.

### RELEASE

I hereby agree to release you, your officers, representatives and employees, from any claims, causes of action or liability arising now or in the future by reason of the release of the confidential information referred to above to the Saudi Arabian Cultural Bureau.

DATED at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(City / المدينة) (Country / البلد) (Day / اليوم) (Month / الشهر) (Year / السنة)

NAME: -----

SIGNED: -----