

Kingdom of Saudi Arabia
Ministry of Education
Saudi Cultural Mission – USA
Certificates Equalization Department

Written Consent

Date: _____

To: Student Records

At: _____

I hereby authorize The Saudi Arabian Ministry of Education and its representative the S.A. Cultural Mission to enquire and receive any information relevant to my previous academic study including transcripts, certificates, grades and **the nature and content of my completed coursework** at your university.

Your cooperation in this matter is greatly appreciated.

Sincerely yours,

Name: _____

D.O.B.: Month ____ / Day ____ / Year _____

Academic Number (School not SACM): _____

Student Email: _____

Signature: _____