

EMBASSY OF THE
SULTANATE OF OMAN
CULTURAL DIVISION



CONSENT TO RELEASE ACADEMIC INFORMATION

STUDENT NAME: _____
SOCIEAL SECURITY NO.: _____
UNIVERSITY ID NO.: _____

I, the student named above, by signing below, authorize Embassy of Oman – Cultural Division in the United States of America (Located in Vienna, VA 22182) to obtain all or part of my academic and immigration records. In accordance with the conditions of my scholarship, which is administered by the Embassy of Oman - Cultural Division, and as required by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA). By my signature, I hereby authorize the release of any information reflecting my academic performance, including transcripts, progress reports and evaluations as well as any information related to my immigration status for the full duration of my study in the United States of America. This authorization applies also to my final transcripts and any diplomas or certificates I obtained in the past, or I will receive in the future, from the institution I am attending at present or any institutes I have attended while my scholarship was administered by the Embassy of Oman - Cultural Division. My sponsor (Embassy of Oman – Cultural Division) should also be informed/notified with any decisions that may be taken by the university or college I am attending that may affect my academic status (such a, academic warning, probation, dismissal, legal, medical, etc.). Embassy of Oman - Cultural Division may request sending the required information to a third party they may specify (like, Ministry of Higher Education in Oman). A copy of this authorization bearing the official seal of the Embassy of Oman - Cultural Division, shall be considered effective and valid as the original. This authorization shall remain valid until further notification from the Embassy of Oman - Cultural Division.

Student’s signature:

Date: (Please write: month/day/year)

Passport No: