**CONSENT TO RELEASE ACADEMIC INFORMATION**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the regulations of my scholarship administered by the Libyan Academic and Culture Attaché (LACA), I hereby authorize and instruct my current academic institution to release to LACA at their request, any information concerning my academic performance, including transcripts, academic progress reports, and results of tests and/or evaluations; and to discuss with my LACA advisors all matters pertaining to my academic career, including enrollment status, student account status, learning difficulties, and disciplinary measures.

This consent is also directed to any universities or colleges in the United States I have attended in the past or may attend in the future and is intended to remain in effect throughout my studies in United States under the Libyan-North American Scholarship Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Authority signature Date