

ROYAL EMBASSY OF SAUDI ARABIA
SAUDI ARABIAN CULTURAL BUREAU
2101 Thurston Drive
OTTAWA, ONTARIO
CANADA, K1G 6C9

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



المملكة العربية السعودية
وزارة التعليم العالي
الملحقية الثقافية في كندا
٢١٠١ شارع ثرستون
أوتوا / أونتاريو
كندا

Encl:

المرفقات:

Date:

التاريخ:

Number:

الرقم:

Consent, Authorization and Direction

I hereby give my unconditional and irrevocable consent and direction to any and all Canadian 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 Canada 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 Canada 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) (Country) (Month)

NAME: _____

SIGNED: _____