



**CONSENT, AUTHORIZATION AND DIRECTION
TO RELEASE CONFIDENTIAL INFORMATION**

I, the undersigned, hereby confirm that I am a Saudi Arabian student pursuing, or intending to pursue, my educational studies in Canada.

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 may become, a student, trainee, employee, patient, or member of, **to release to the Saudi Arabian Cultural Bureau in Canada** any and all confidential information which you may now possess or may acquire in the future in relation to me, including all letters of acceptance, class attendance reports, 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.

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.

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 in Canada.

DATED at _____, _____ this _____ day of _____, 20____
(City) (Country) (Month)

NAME: _____

SIGNED: _____