



## CONSENT, AUTHORIZATION AND DIRECTION TO RELEASE CONFIDENTIAL INFORMATION

I, the undersigned, hereby verify that I am a  Saudi /  Non-Saudi \_\_\_\_\_ national who  has pursued  is pursuing  intending to pursue my academic studies in Canada at \_\_\_\_\_, Student ID Number: \_\_\_\_\_.

Hence, I hereby give my **UNCONDITIONAL AND IRREVOCABLE CONSENT AND DIRECTION** to any and all Canadian educational/academic institutes, universities, licensing authorities, hospitals, and any related educational, academic, medical agencies and/or associations in which I am, or may become, enrolled or registered as a student, trainee, employee, patient, or member of, to release to the Saudi Arabian Cultural Bureau in Canada any and all of my confidential information (personal/academic/educational/medical) in the form of letters, records and/or reports, which you may possess now or in the future, 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  request  studies and/or training in Canada.

### RELEASE

I hereby agree to release your honorable institute, its 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		Signature	
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الرقم: ..... التاريخ: ..... الموافق: ..... المرشحات: .....



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الرقم: ..... التاريخ: ..... الموافق: ..... المرشحات: .....

**The Saudi Cultural Bureau  
2101 Thurston Drive.  
Ottawa, ON  
K1G 6C9**

I, .....holder of passport # .....  
authorize MSQ VISAENTERPRISE LTD. to attest my academic documents at the  
Saudi Cultural Bureau in Ottawa, Canada.  
Also, please accept this as my signed consent to the Saudi Cultural Bureau to  
verify the authenticity of my academic documents with the respective Educational  
Institutions.

Applicant's address:

Full Name:  
Signature:  
Date: