

Kingdom of Saudi Arabia
Ministry of Higher Education
Deputy Minister for Educational Affairs
Certificates Equalization Department

Written Consent

To: Student Records

At: _____

I hereby authorize The Saudi Arabian Ministry of Higher Education and its representative the S. A. cultural mission to enquire and receive any information relevant to my previous academic study, including transcripts, certificates, grades, and **the nature and content of my completed coursework** at your university. Your co-operation in this matter is greatly appreciated.

Sincerely yours

Name: _____

D.O.B: _Month_____/Day_____/_year_____

Academic Number (School not SACM): _____

Student Email: _____

Signature _____