



International Student Affairs

CONSENT TO RELEASE EDUCATIONAL RECORD INFORMATION

I do hereby authorize the **EMBASSY OF THE STATE OF KUWAIT** to obtain any and all information contained in my educational records from the University of Missouri-Kansas City.

Name: _____
(Please print your name in English)

Student ID: _____

Date: _____
(Month/Day/Year)

Signature: _____

UNIVERSITY OF MISSOURI-KANSAS CITY

Atterbury Student Success Center, Room G-04 | Kansas City, MO 64110-2499
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