Office of International Education
Delaney Hall B-25, 920 Grant Street
Indiana, PA 15705-1070
(724) 357-2295
www.iup.edu/international

RELEASE OF INFORMATION

هذا النموذج خاص بالطلبة السعوديين المبتعثين من قبل وزارة التعليم العالي
(الملحقية الثقافية السعودية في امريكا)

The collection, retention and dissemination of your records and information about you are subject to the US federal regulations under the Family Education Rights and Privacy Act (FERPA) of 1974. This means that you are responsible for specifying the persons or agents who may have access to your records. It is therefore necessary for Indiana University of Pennsylvania to obtain your permission to release your transcripts and information.

I hereby authorize Indiana University of Pennsylvania/Office of International Education to release my transcripts and information about my conduct, health, immigration, registered coursework and academic progress to Saudi Arabian Cultural Mission via the Office of International Education.

IUP ID: @_____ SACM ID:_____

Student Name :_____
LAST FIRST

I have read the above statement carefully before signing. Further, I understand this Release and Waiver of Liability shall be effective upon signing and returning the release form.

Signature _____ ***Date*** _____