



Office of International Education  
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[www.iup.edu/international](http://www.iup.edu/international)

### RELEASE OF INFORMATION

هذا النموذج خاص بالطالبة السعودية المبتعثين من قبل وزارة التعليم العالي  
(الملحقية الثقافية السعودية في أمريكا)

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 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 \_\_\_\_\_