



Embassy of the State of Qatar
CANBERRA - AUSTRALIA

EDUCATION RECORDS CONSENT AND RELEASE FORM

TO:

University/College Name

University/College Address

I,

the undersigned, authorise

University/College to release all or any portion of my educational records including but not limited to grade records, attendance records, records of any disciplinary action and financial information, when requested by **The Embassy of the State of Qatar - Canberra, Australia.**

I understand this consent authorises complete disclosure of my educational records. I understand this consent remains in effect until revoked by me in writing. A photocopy of this consent may be used in the same manner and with the same effect as the original document.

Student Name

Student University/College ID

Date of Birth (DD/MM/YYYY)

Qatari ID

Email Address

Student Contact Number

Student Signature

Date (DD/MM/YYYY)