

## Student's Consent to Release Information to Specified Third-Party

By signing this form you are confirming your financial sponsorship by the Saudi Arabia Cultural Mission (SACM) and granting DePaul University permission to disclose all of your educational records to SACM, as requested by SACM for purposes of maintaining your sponsorship.

### STUDENT INFORMATION

\_\_\_\_\_  
STUDENT ID#

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
EMAIL ADDRESS

I hereby authorize DePaul University to release education record information to the Saudi Arabia Cultural Mission (SACM). This authorization will be in effect for the duration of my studies at DePaul University plus one year beyond graduation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date