



CONSENT TO RELEASE ACADEMIC INFORMATION

موافقة الطالب للحصول على معلوماته الأكاديمية من الجامعة

Name of Student _____

Date of Birth _____

Major _____

Level of Student _____

Name of Institution _____

Degree _____

Student File Number _____

Under the regulations of my sponsorship administered by the Libyan Cultural & Academic Office (LCAO), I hereby declare that my current academic institution is authorized to release to (LCAO) at their request, any information concerning my academic performance, including transcripts, academic progress reports, and results of tests and-or evaluations.

My current academic institution is also authorized to discuss with my (LCAO) academic advisors my enrollment status, student account status, learning difficulties, disciplinary measures, and all matters relevant my study.

This consent is also directed to any universities or colleges in Canada I have attended in the past or may attend in the future, and is intended to remain in effect throughout my studies in Canada under the Libyan Cultural & Academic Office (LCAO).

Signature of Student

Date