

CONSENT TO RELEASE EDUCATIONAL RECORD INFORMATION

I do hereby authorize **<u>Embassy of the Sultanate of Oman</u>** to obtain any and all information contained in my educational records from the University of Missouri-Kansas City.

Name:		
	(Please print your name in English)	
Student ID:		
Date:		
	(Month/Day/Year)	
Signature:		

Atterbury Student Success Center, Room G-04 | Kansas City, MO 64110-2499 (p) 816-235-1113 | (f) 573-884-4894 | isao@umkc.edu | Location: 5000 Holmes St. an equal opportunity/affirmative action institution