

**The Saudi Cultural Bureau
2101 Thurston Drive.
Ottawa, ON
K1G 6C9**

I,holder of passport #
authorize MSQ VISAENTERPRISE LTD. to attest my academic documents at the
Saudi Cultural Bureau in Ottawa, Canada.
Also, please accept this as my signed consent to the Saudi Cultural Bureau to
verify the authenticity of my academic documents with the respective Educational
Institutions.

Applicant's address:

Full Name:

Signature:

Date:



CONSENT, AUTHORIZATION AND DIRECTION TO RELEASE CONFIDENTIAL INFORMATION

I, the undersigned, hereby verify that I am a Saudi / Non-Saudi _____ national who has pursued is pursuing intending to pursue my academic studies in Canada at _____, Student ID Number: _____.

Hence, I hereby give my **UNCONDITIONAL AND IRREVOCABLE CONSENT AND DIRECTION** to any and all Canadian educational/academic institutes, universities, licensing authorities, hospitals, and any related educational, academic, medical agencies and/or associations in which I am, or may become, enrolled or registered as a student, trainee, employee, patient, or member of, to release to the Saudi Arabian Cultural Bureau in Canada any and all of my confidential information (personal/academic/educational/medical) in the form of letters, records and/or reports, which you may possess now or in the future, AND FOR SO DOING LET THIS BE YOUR GOOD AND SUFFICIENT AUTHORITY.

This Consent, Authorization and Direction and this Release shall continue in full force and effect for the duration of my request studies and/or training in Canada.

RELEASE

I hereby agree to release your honorable institute, its officers, representatives and employees, from any claims, causes of action or liability arising now or in the future by reason of the release of the confidential information referred to above to the Saudi Arabian Cultural Bureau in Canada.

Dated: at _____, _____ this _____ day of _____, 20____
(City) (Country) (Month)

Name		Signature	
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الرقم: التاريخ: الموافق: المرشحات: