



## Letter of Consent

Name: .....

Passport Number: .....

University: .....

Course Title: .....

Start Date: .....

End Date: .....

Telephone number: .....

E-mail: .....

Residential Address:

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.....  
.....  
.....

I hereby give consent to my university to disclose my academic records and any other required information with the Kurdistan Regional Government UK Representation.

Signature: .....

date: .....

***NOTE: this procedure is only valid for Kurdistan Region***