

Kingdom of Saudi Arabia
Ministry of Higher Education
Saudi Arabian Cultural Mission
(Australia, New Zealand, Indonesia
and Singapore)



المملكة العربية السعودية
وزارة التعليم العالي
الملحقية الثقافية السعودية في
(أستراليا وإندونيسيا
وسنغافورا ونيوزيلندا)

CONSENT

I, the undersigned, hereby confirm that I am a Saudi Arabian Government-sponsored trainee and/or student intending to pursue my educational studies and training in Australia/ New Zealand/ Indonesia/ Malaysia/ Singapore.

In consideration of my eligibility to receive scholarship funding and other support to be provided to me by the Saudi Arabian Government, I hereby give my UNCONDITIONAL and IRREVOCABLE CONSENT to any educational institutions, universities, hospitals, and related educational and medical agencies and associations or Australian government departments (federal, state and local) in which I am, or will become, a student, trainee, employee, patient, or member of, to release to the Saudi Arabian Cultural Mission any and all information which you may possess or acquire in the future in relation to me, including all academic and other records, results of tests, examinations or evaluations, medical and other personal records and/or any other knowledge and information that you may possess or come to possess in relation to me, AND FOR SO DOING LET THIS BE YOUR GOOD AND SUFFICIENT AUTHORITY.

For greater certainty, I consent to my educational institution “reporting any behaviour which is illegal, or which, if gone unchecked, has the potential to distract from and hinder my academic performance.

This Consent, Authorisation and Direction shall continue in full force and effect for the duration of my studies and/or training.

RELEASE

I hereby agree to release you, your 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 Mission.

DATED at _____, _____ this day the _____ of _____, 200 .
(City) (Country)

NAME: (in English) _____

SIGNED: _____