

Libyan–North American Scholarship Program

البرنامج الليبي للبعثات الدراسية في أمريكا الشمالية



CONSENT TO RELEASE ACADEMIC INFORMATION

Name of Student: _____

Date of Birth: _____

Passport Number: _____

CBIE Student Number: _____

In accordance with the regulations of my sponsorship administered by the Canadian Bureau for International Education (CBIE), I hereby authorize and instruct my current academic institution to release to CBIE at their request, any information concerning my academic performance, including transcripts, academic progress reports, and results of tests and/or evaluations; and to discuss with my CBIE advisors all matters pertaining to my academic career, including enrollment status, student account status, learning difficulties, and disciplinary measures.

This consent is also directed to any universities or colleges in Canada/the United States I have attended in the past or may attend in the future, and is intended to remain in effect throughout my studies in Canada/the United States under the Libyan-North American Scholarship Program.

Signature of Student

Date