



CONSENT & RELEASE OF INFORMATION FORM

I, the undersigned, hereby give my unconditional and irrevocable consent to any educational institutions, universities, agencies, associates or New Zealand government departments (federal, state and local) in which I was a student, employee or member of, to release to the Saudi Arabian Cultural Mission in New Zealand any and all information required that you may possess or come to possess in relation to me, AND FOR SO DOING LET THIS BE YOUR GOOD AND SUFFICIENT AUTHORITY.

I hereby agree to release you, your offices, 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 above to the Saudi Arabia Cultural Mission in New Zealand.

DATED AT _____, _____, this day the _____ of _____, 20____.
(City) (Country)

NAME: (in English) _____

SIGNATURE: _____