

Authorization for Conducting Source Verification of Academic Credentials, Residency, Fellowship, and Post-doctoral Training

To (name of institution):

Address:

Tel:

Fax:

Email:

I, the undersigned, authorize you to release information regarding my academic credentials and documents to the **AMERICAN UNIVERSITY OF BEIRUT** as below:

- An official letter confirming the conferral of the degree(s) with transcript of records
- An official letter confirming the residency program(s)
- An official letter confirming the post-doctoral and/or fellowship programs(s)
- Other: _____

The following information will assist you in retrieving my records at your university:

Student Name:	
Student ID # or SS#:	
Date of Birth:	
Degree Earned:	
Field of Study:	
Dates of Attendance: From:	
Date of Graduation:	

Name: _____

Signature:

Date: