

**AMERICAN UNIVERSITY OF BEIRUT  
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Riad El Solh, 1107 2020  
Beirut, Lebanon**

I, \_\_\_\_\_, born on \_\_\_\_\_, hereby give permission to  
Full Name  
\_\_\_\_\_ to release information regarding  
Name of Institution from which highest degree was granted  
my academic credential to the American University of Beirut.

**My current contact information is as follows:**

**Home Address :** \_\_\_\_\_  
\_\_\_\_\_

**AUB Telephone  
Number and Ext.:** \_\_\_\_\_

**Mail Box:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_