

# Authorisation (USA)

Embassy of the republic of Iraq  
Cultural office 1938 R ST NW , Suite 220  
Washington, D C. 20009  
Authentication department  
Tel: 202-558-7696 / Fax: 202-986-2291

## Academic Progress Release Form

School Name : .....

School Address : .....

City : ..... State: ..... Zip: .....

This is to authorize access of my academic progress or any other information pertaining to my enrollment to :

Embassy of the republic of Iraq  
Cultural office  
1938 R ST NW , Suite 220  
Washington, D C. 20009

Student s first name: ..... M .Name: .....

Last Name: .....

Date of Birth(mm/dd/yyyy) : ...../...../.....

School ID : .....

SSN : .....

Date attended from(mm/dd/yyyy) : ...../...../.....

Degree : .....

Signature : .....

Date ( mm/dd/yyyy) : ...../...../.....

### Cultural office of the Embassy or Iraq:

Name : .....

Signature : .....

Confirmed by (University / College / School ) Representative :

Register Name : .....

Signature and stamp : .....

Address and phone : .....

Date : ...../...../.....