



نموذج رقم أ6 (تفويض الحصول على المعلومات الدراسية)

A6 – Consent & Release Form

I, the undersigned, hereby confirm that I am a Saudi Arabian Government-sponsored trainee and/or student intending to pursue my educational studies and training in Australia.

In consideration of my eligibility to receive scholarship funding and other support to be provided to me by the Saudi Arabian Government, I hereby give my **UNCONDITIONAL** and **IRREVOCABLE CONSENT** to any educational institutions, universities, hospitals, and related educational and medical agencies and associations or Australian government departments (federal, state and local) in which I am, or will become, a student, trainee, employee, patient, or member of, to release to the Saudi Arabian Cultural Mission any and all information which you may possess or acquire in the future in relation to me, including all academic and other records, results of tests, examinations or evaluations, medical and other personal records and/or any other knowledge and information that you may possess or come to possess in relation to me, and for so doing let this be your good and sufficient authority.

For greater certainty, I consent to my educational institution "reporting any behaviour which is illegal, or which, if gone unchecked, has the potential to distract from and hinder my academic performance. This Consent, Authorisation and Direction shall continue in full force and effect for the duration of my studies and/or training.

RELEASE

I hereby agree to release you, your officers, 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 to above to the Saudi Arabian Cultural Mission.

Dated at			Australia	This day the	Of	20
	City	State	Country			

Student Name	
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الرقم: التاريخ: المرفقات: Attachments: Date: Ref No:

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