



CONSENT FORM

Student Full Name	
Date of Birth	
Course Title	
Institute Name	
Telephone No	Email
I understand and hereby give full consent to my course provide/ institute to release and share my personal and study related information with: <i>The Cultural Office Embassy of Kuwait 60A Knightsbridge London SW1X 7JX</i>	
Signature	Date:

60A Knightsbridge, London SW1X 7JX

Please quote our reference

Telephone: 020-7761-8500 Fax: 020-7761-8505