

Student Record Release Consent Form

The student's signature and date on this form allow university officials to release the educational records to those people or agencies that the student has granted consent

I, the undersigned:

Student name

Student ID

University

Sponsored by

Consent to the following people or agencies as specified in this for the right to receive, review, and access my personal student records.

Permission granted to

- Qatar Foundation, its centers, and Qatar Campuses.
- Student Financial Services (Financial Aid and Scholarship).
- Potential individual or corporate sponsors.

Relationship

Financial Provider

I further grant consent to QF Finance - Student Financial Services to access and share my academic and personal details with any third party who may perform as financial sponsor to me during my studies within Qatar Campuses.

I understand that this consent to the release of my educational and personal student records shall continue to remain in effect until after my graduation or withdrawal from the university (whichever applicable) unless expressly revoked in writing.

Student name & signature

Date (DD/MM/YYYY)