

## CONSENT TO RELEASE INFORMATION TO THIRD PARTY/ EXTERNAL SOURCE

*Use this form to provide consent for UOWD to release details of your study to a third party organisation for the purposes of verifying your degree.*

STUDENT NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF DEGREE COMPLETED:  
\_\_\_\_\_

NAME OF ORGANISATION YOU AUTHORISE UOWD TO RELEASE INFORMATION TO:  
\_\_\_\_\_

*Note: Please attach a copy of your valid photo ID (Emirates ID / Driving Licence/ Passport copy) along with the duly filled in application*

By signing this form, you hereby provide authority for UOWD to release information to the organisation named on this form relating to:

NAME OF STUDENT:	
NAME OF YOUR DEGREE:	
STUDY PERIOD DATES:	
DATES OF GRADUATION:	
DATE OF BIRTH:	
ANY OTHER INFORMATION (SPECIFY):	

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Return the completed form to the third party organisation/ external source authorised as above. The third party organisation/ external source returns the form to the Registrar's department – [registrar@uowdubai.ac.ae](mailto:registrar@uowdubai.ac.ae) , along with the request for the information. For any further enquiries, please contact [registrar@uowdubai.ac.ae](mailto:registrar@uowdubai.ac.ae) or + 9714 278 1731*