



## Application Form for Authentication of Higher Education Certification

### **Institution and Certification Information**

High School  CC/Institute  Bachelors  Masters  Ph.D.  Other: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Issuing College/Dept: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Did your certification require a dissertation/thesis?  Yes  No

If so, have you included a copy?  Yes  No

### **Personal Information**

Full Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Full Address (applicant or/and representative):

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Phone Number (Land): \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Application Date (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



## Release of Academic Records - Consent Form

This form authorizes the full release of my academic records to the Kurdistan Regional Government of Iraq Representation in the United States, located in Washington, DC.

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Personal Information

Applicant Full Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Degree Granted: \_\_\_\_\_

Issuing College/Dept: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Date attended from (mm/yyyy): \_\_\_\_/\_\_\_\_ To (mm/yyyy): \_\_\_\_/\_\_\_\_

Applicant Signature: \_\_\_\_\_

Application Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_