



LETTER OF AUTHORIZATION FOR AUTHENTICATION OF DOCUMENTS

SAUDI MISSION, WASHINGTON DC

DEAR SIR/MADAM;

I, _____ hereby authorize the Saudi Mission to obtain information about my academic record.

Employee: _____

Social Security #: _____

Employer: _____

Please allow SC-Passport and Visa with business number: 703-524-1808, to submit my application and collect it when issued.

Thank you for your attention in this delicate matter.

Sincerely,

ORIGINAL SIGNATURE OF APPLICANT

_____+

DATE