EMBASSY OF THE STATE OF KUWAIT
CULTURAL DIVISION
2111 Wilson Blvd, Suite 500, Arlington, VA 22201 Telephone: (202) 364-2100 Fax: (202) 363-8394/ (202) 362-4379

RELEASE OF INFORMATION AUTHORIZATION FORM

(Optional Practical Training)

Date: _____

This is to authorize the employer for whom I am currently working and completing my Optional Practical Training opportunity or have worked for in the past to release information related to my employment to my sponsor, the Kuwait Cultural Office.

Specifically, I acknowledge that as part of my sponsorship, my sponsor is allowed access to the following information:

1. Information pertaining to the verification of my employment.
2. Information pertaining to my OPT performance.
3. Employment verification to be provided to my sponsor by my employer on a quarterly basis or as requested.
4. A final evaluation report provided to my sponsor once my Practical Training has been completed.
5. Disclosure by the employer of any professional or personal situation that may affect my current or future employment with this employer.
6. Complete disclosure of any disciplinary or punitive action taken by my employer either for professional or personal conduct violations

This statement allows my employer to release the information indicated both in written and/or oral communication with the representatives of my sponsor, the Kuwait Cultural Office.

Student's Name: _____

Signature: _____

Company Name: _____