

Consent form for the release of academic records

I, the undersigned, do hereby consent and agree that

, it's employees, or agents, have the right to request my academic records and to use these exclusively for the purpose of

Please accept this letter as my authorisation for you to release information with respect to my qualifications.

First name: _____

Surname: _____

Candidate ID Number if applicable: CON-000

Contact number: _____

Email address: _____

Signature: _____

Date: _____

Please return the completed form by email to cltinternational@centlaw.com.

If you have any queries in relation to this form, please do not hesitate to contact the CLT International Client Services Team by email: cltinternational@centlaw.com.