



## ECEB Consent Form for Educational Institutions

To Whom It May Concern,

I, the undersigned, (**state your full name and relationship if different to the student**)

.....

Student Full Name: .....

Student Date of Birth: .....

Email Address: .....

Contact Number: .....

Institution Name: (School/University): .....

.....

Institution's valid Email Address: .....

.....  
(Please confirm that this email address belongs to the appropriate department or individual responsible for document verification to avoid any potential delays)

Student/University ID Number (if applicable):.....

By hand signing below, I consent to the above-named educational entity to disclose relevant information to the **Egyptian Cultural and Educational Bureau** for the purpose of authenticating my.....

..... document(s)

Signature (**Hand signed only. Electronic signatures are not accepted**):

.....

Date: .....

ECEB Ref. (if applicable):.....