



## 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):.....

To be filled in by the candidate.

I authorise Hedd and

COMPANY

**Egyptian Cultural and Educational Bureau**

to obtain data relating to my studies from

PLACE OF STUDY

for the purpose of data verification.

I understand that Jisc, the provider of the Hedd verification service, will keep a copy of this consent form and the verification details for as long as the information is still relevant, up to the duration of my working life plus ten years.

STUDENT ID NUMBER (IF AVAILABLE)

GIVEN OR FIRST NAMES

FAMILY OR SURNAME

FAMILY OR SURNAME AT THE TIME OF STUDY (IF DIFFERENT FROM ABOVE)

SIGNATURE (PEN-SIGNED)

DATE OF SIGNATURE (DAY/MONTH/YEAR)