

# Lebanese Republic

Ministry of Education & Higher Education  
General Directorate of Higher Education

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## General Director

Ref.:

Date:

### Letter of Authorization

I, here by

Full name (as appear on official transcript)	
Date of Birth	
Qualification (full title)	
Name of the University	
Date of graduation (as appears on the applicants' official academic transcript)	
Student ID Number (as appears on the applicants' official academic transcript)	

Authorization the Directorate General of Higher Education in Lebanon to obtain informations concerning my mode of attendancy and the years of attendancy and any other information from your University about me.

Applicant's Name: .....

Applicant's Signature: .....

Date: .....