

VERIFICATION REQUEST

APPLICANT

Name of the Certificate holder:

Address:

Email: Telephone:

Name of applicant / agency:

Address:

Email: Telephone:

Type of the Certificate: ☐ Bachelor ☐ Master ☐ Doctorate ☐ Copy ☐ Original

Name of the University/Institution/School:

Contact person: Email:

Purpose of verification: ☐ Study ☐ Work in Saudi Arabia

Name of the University / Employer in Saudi Arabia:

CULTURAL BUREAU

Name of recipient:

Date: Signature:

Verification No.: Date: Signature:

Collected by:

Date: Signature:

Conditions and requirements for the verification of the academic certificates:

- 1- Fill in the attached Verification Request
- 2- Fill in the Consent Release Data Form
- 3- The original Certificate should be translated into English or Arabic by an authorized translation office
- 4- Copy of work contract in Saudi Arabia (copy of the Acceptance Letter of the University = for those who are applying to study in Saudi Arabia)
- 5- Copy of a valid passport
- 6- Copy of resident permit in Saudi Arabia if applicable

Important Notice:

- The Cultural Bureau verifies only academic certificates (High School - Bachelor – Master – Doctorate)
- The Cultural Bureau is responsible for the certificates that were issued in: Austria – Slovakia – Slovenia – Hungary – Czech Republic and Romania only.
- Please, submit and collect the required documents at the reception of the Saudi Arabian Cultural Bureau: Bäckernbrunnlgasse 7B, 1180 Vienna, Austria
Working hours: Monday – Friday from 09:00 – 16:00hrs.
- The duration of the verification process depends on the reply of the issuing institution. After receiving the required information (confirmation) from the institute, you will be contacted to collect the verified certificate.

Consent for the use of personal data by the Saudi Arabian Cultural Mission in Austria

Under the terms of the Data Protection Legislation (Data Protection Act 2018 and the General Data Protection 2016), I consent to the Saudi Arabian Cultural Mission in Austria using my personal data for the purpose of processing:

Employment or study in the Kingdom of Saudi Arabia

I understand and agree that the Saudi Arabian Cultural Mission in Austria may collect data for the above purpose and I consent to the following:

1. Contacting the Institution (University, Institution, School...) that I graduated from.

Name of Institution:

2. The Saudi Arabian Cultural Mission in Austria will process the data sets in respect of my personal data for the above purpose:
☐ Certificate
☐ Transcript
☐ Mode of Study (full-time, part-time, online, per correspondence, affiliation)
☐ Location of Study (main campus or in a different university branch)
3. Store my contact details on the Saudi Arabian Cultural Mission in Austria database in case any Saudi Arabian Institution needs to contact me for the above mentioned purpose.
4. The Saudi Arabian Cultural Mission in Austria will only disclose my personal data to third parties where there is lawful basis.
5. Information about the use of the data for decision based solely on automated processing, including profiling.
6. The Saudi Arabian Cultural Mission in Austria will hold your personal data securely and keep it confidential at all times. The legislation gives you the right to access information held about you. Your right of access can be exercised in accordance with the legislation.
7. You have the right to withdraw your consent at any time by a signed letter or email.

Questions, comments and requests regarding your personal data should be sent to ca_at@at.moe.gov.sa.

Signed _____

Name _____

Ref. No. _____
(Staff or Student ID if applicable)

Date _____

Send this consent form together with your verification request to the relevant department on the basis that you are providing your consent to the Saudi Arabian Cultural Mission in Austria to store and process the information you provide within this form, including all personal information, in accordance with the Data Protection Legislation for the purpose set out above. (Without your explicit consent we cannot process your personal data.)

Name _____
(Please Print)

Date _____