**LETTER OF AUTHORIZATION FOR**

 **AUTHENTICATION OF DOCUMENTS**

Saudi Mission

Washington, DC

Dear Sir/Madam

I,

Hereby authorize the Saudi Mission to obtain information about my academic record

Employee:

Social Security #

Employer:

Please allow Medchoice International Inc. (tel: 714-846-2500) to submit my application and collect it when ready.

Thank You for your prompt attention to my application

Sincerely,

Original Signature of Applicant

Faxed or photocopied signatures are not accepted.

DATE