**CONSENT TO  
SAMPLE ORIGINAL DOCUMENTS**

By signing this form you grant consent to the British Council to apply a verification stamp on your original document(s) for the purpose of verification.

**Please confirm the following information**

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| Name |  |
| Degree Title |  |
| Supplement(s) (transcripts or others) |  |
| Session |  |
| University/Board |  |

Your consent

I have read the above consent and allow the British Council to apply a verification stamp on the original document(s) described above.

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Date ……………………… Signature ……………………………………..