

Verification Authorisation Form

To whom it may concern,

I hereby authorise the Danish Agency for Higher Education and Science (Ministry of Higher Education and Science, Denmark) to verify the authenticity and accuracy of any educational documents submitted by me in connection with an application for assessment of my educational qualifications.

Additionally, I hereby authorise the **Ministry of Higher Education of Afghanistan** and/or the issuing educational institution to release academic records and related documentation directly to the Danish Agency for Higher Education and Science upon request.

Full name (as it appears on the educational documents):

Date of birth: _____

Name of institution: _____

Degree/qualification obtained: _____

Year of graduation: _____

Student number (if applicable): _____

I understand that this authorisation is provided for the purpose of verification of my educational credentials.

Date: _____

Signature: _____