



**Consent to Release Information**

I Dr. Jumana Y. Al-Aama, hereby authorize International Medical Center and Representative of Human Resources Department to verify my certificate(s) from your esteemed institution.

Kindly release the necessary document(s) needed for the verification.

Signature of Authorizing Physician

Date Dec. 04, 2010

Printed Name of Authorizing Physician

Dr. Jumana Y. Al-Aama