



Medical Release Authorization

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical facility or medical-related facility that has my records or knowledge of me or my health conditions, to release that information in the event of a medical emergency, to Global Educational Concepts, Inc. I authorize the staff of Global Educational Concepts, Inc. (or insurance broker, Barbara McDonnell) to assist with insurance claims as necessary to include discussing my personal health claims with insurance companies and hospitals, doctors and others for the purposes of filing a claim to authorize payment to a medical provider including opening and forwarding mail.

Name of Applicant: Dana Zhurnobekova

Signature of Applicant: Deey

Signed this: 29 day of December of 2014
(Day) (Month) (Year)

Social Security Release Authorization

I hereby authorize any Social Security Officer or Social Security staff member to release any information regarding my Social Security card number or application for a number to Global Educational Concepts, Inc. I authorize Global Educational Concepts, Inc to open mail addressed to me from Social Security to forward to me as necessary and/ or to assist me with obtaining a number or card.

Name of Applicant: Dana Zhurnobekova

Signature of Applicant: Deey

Signed this: 29 day of December of 2014
(Day) (Month) (Year)

I-94 Record Permission

I hereby provide consent for Global Educational Concepts to obtain, review and /or distribute my I-94 (Arrival/Departure) record including traveling history for the purposes of monitoring my program, providing assistance with Social Security applications, medical claims, or other applicable purposes.

Name of Applicant: Dana Zhurnobekova

Signature of Applicant: Deey

Signed this: 29 day of December of 2014
(Day) (Month) (Year)