

Third-Party Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], am writing to authorize [Authorized Person's Full Name] to access my educational records on my behalf. This authorization includes access to [specify records, e.g., transcripts, enrollment records, etc.] at [Institution Name].

This authorization is valid from [Start Date] to [End Date]. I understand that I can revoke this authorization at any time in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]