

Academic Records Release Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], am currently a student at [Current College/University Name], maintaining [Your Student ID Number]. I am writing to authorize the release of my academic records to [Receiving College/University Name] as part of my college transfer application.

My academic records should include, but are not limited to, transcripts, course descriptions, and enrollment verification. I understand that these records will be used solely for the purpose of my transfer application and will remain confidential according to educational privacy laws.

Please find my contact information below for any clarification needed:

Email: [Your Email Address]

Phone: [Your Phone Number]

This authorization will remain in effect until my transfer application is processed or until I revoke this authorization in writing.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Current Address]