

Academic Records Release Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], hereby authorize the release of my academic records to [Recipient's Name/Institution] for the purpose of educational assessments.

My details are as follows:

- **Full Name:** [Your Full Name]
- **Address:** [Your Address]
- **Email:** [Your Email]
- **Phone Number:** [Your Phone Number]
- **Institution Attended:** [Your Institution]
- **Dates of Attendance:** [Dates Attended]

Please send the requested records directly to:

[Recipient's Address]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]