

# Academic Records Release Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], a student at [Your Institution], hereby authorize the release of my academic records to [Internship Company Name] for the purpose of my internship application.

This authorization includes all academic records including transcripts, grades, and any other relevant information pertaining to my academic performance.

I understand that these records will be used to assess my suitability for the internship position. I appreciate your cooperation in providing this information.

Sincerely,

[Your Signature (if sending by mail)]

[Your Name]

[Your Student ID]

[Your Contact Information]