

# Academic Records Release Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], hereby authorize [Institution Name], located at [Institution Address], to release my academic records to [Employer's Name] for the purpose of employment application.

This authorization includes my transcripts, grades, and any other relevant academic information required for the job application process.

I understand that this information will be used solely for the purpose of evaluating my qualifications for the position applied for. I release [Institution Name] from any liability regarding the release of this information.

Please process this request as soon as possible. Should you require any further information or documentation to complete this request, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]