

# Academic Records Release Authorization

Date: [Insert Date]

To whom it may concern,

I, [Your Full Name], born on [Your Birth Date], and currently residing at [Your Address], hereby authorize the release of my academic records to [Recipient's Name or Institution] for legal matters pertaining to [Brief Description of Legal Matter].

This authorization is valid until [Insert Expiration Date], unless revoked in writing by me.

For verification purposes, my student identification number is [Your Student ID].

Please send the requested academic records to the following address:

[Recipient's Address]

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]