

Academic Records Release Authorization

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Institution's Name]

[Institution's Address]

[City, State, ZIP Code]

Subject: Authorization for Release of Academic Records

Dear [Recipient's Name],

I, [Your Full Name], a former student of [Institution Name], hereby authorize the release of my academic records to [Name of the requesting person or organization] for the purpose of personal verification.

Details of my academic records are as follows:

- Full Name: [Your Full Name]
- Student ID: [Your Student ID]
- Program of Study: [Your Program]
- Date of Birth: [Your Date of Birth]
- Years Attended: [Start Year] - [End Year]

I understand that the information will be handled with confidentiality and will be used solely for the stated purpose. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require further information or verification.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]