

Academic Records Release Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Your Institution's Name] to release my academic records to the following scholarship organization:

Scholarship Organization Name: [Scholarship Organization Name]

Contact Person: [Contact Person's Name]

Contact Email: [Contact Email]

Contact Phone Number: [Contact Phone Number]

This authorization is valid for the purpose of scholarship application only and will expire on [Expiration Date]. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Student ID]