

# Academic Records Release Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], a student at [Your Institution Name], hereby authorize the release of my academic records to [Name of the Loan Provider] for the purpose of processing my student loan application.

Details of the Records to be Released:

- Official Transcripts
- Enrollment Verification
- Degree Confirmation

This authorization is valid until [Insert Expiration Date] unless otherwise revoked in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Student ID Number]

[Your Contact Information]