

Authorization for Release of Admission Records

Date: [Insert Date]

Recipient Name: [Insert Recipient Name]

Institution Name: [Insert Institution Name]

Institution Address: [Insert Institution Address]

Dear [Insert Recipient Name],

I, [Your Full Name], born on [Your Date of Birth], and currently residing at [Your Address], hereby authorize [Institution Name] to release my admission records to [Recipient Name or Institution] for the purpose of [Insert Purpose].

Details of the records to be released include:

- Admission Application
- Transcripts
- Letters of Recommendation
- Any other relevant documents

This authorization is valid until [Insert Expiration Date].

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Email Address]

[Your Phone Number]