

Authorization to Release Official Transcript

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], am a former student of [Name of Institution]. My student ID is [Your Student ID]. I hereby authorize [Name of Third Party], located at [Address of Third Party], to receive my official transcript.

This authorization is valid for the release of all information contained within my official transcript from [Date of Last Enrollment or Graduation] to the present.

Should you have any questions regarding this authorization, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]