

Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], and residing at [Your Full Address], hereby authorize [Third-Party Service Name], located at [Third-Party Address], to access my educational records for the purpose of [Specify Purpose, e.g., enrollment verification, transcript processing, etc.].

This authorization grants [Third-Party Service Name] the right to review and obtain copies of my educational records maintained by [Educational Institution Name], including but not limited to my grades, attendance records, and any other relevant information.

I understand that this authorization will remain in effect until [Specify End Date or "until revoked in writing"], unless the relevant records have already been accessed by [Third-Party Service Name].

Please direct any inquiries regarding this authorization to my attention at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Student ID Number (if applicable)]