

# Authorization for Transcript Release

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], and holding the student ID [Your Student ID], hereby authorize [Third Party's Name] to request and obtain my official transcript from [Institution's Name].

This authorization is valid until [Expiration Date]. Please release my academic records to the above-mentioned third party upon their request.

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]