

# Authorization for Release of Foreign Educational Records

**Date:** [Insert Date]

**To Whom It May Concern,**

I, [Your Full Name], born on [Your Birth Date], residing at [Your Address], hereby authorize [Name of Educational Institution or Evaluation Agency], to request and obtain my foreign educational records from [Name of Institution/University/College where the records are held].

This authorization is granted for the purpose of evaluation of my educational credentials. I understand that my records may include transcripts, diplomas, and other related documentation.

I confirm that I have the right to authorize this release and that all the information provided is true to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Name:** [Your Full Name]

**Contact Information:** [Your Phone Number, Email Address]

**Nationality:** [Your Nationality]