

Academic Record Access Agreement

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], student ID [Your Student ID], hereby authorize [Recipient's Name or Institution], to access my academic records held by [Your Institution's Name] for the purpose of [specific purpose, e.g., transferring credits, verifying academic status, etc.].

This agreement shall remain in effect until [Insert End Date or specify conditions for revocation]. I understand that I have the right to revoke this authorization at any time by providing written notice to [Your Institution's Name].

Please find my contact information below:

- Email: [Your Email Address]
- Phone: [Your Phone Number]

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Signature (if sending a hard copy)]