

Academic Record Access Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Student's Full Name], a student at [University/College Name], hereby authorize access to my academic records to the following individual:

Authorized Person's Name: [Name]

Relationship to Student: [Relationship]

Contact Information: [Phone Number, Email Address]

This authorization is granted for the purpose of [specify purpose, e.g., "applying for a scholarship," "transferring schools," etc.].

I understand that this authorization will remain in effect until [Specify Duration or State "until revoked in writing"].

Thank you for your attention to this matter.

Sincerely,

[Student's Signature (if submitting by mail)]

[Student's Name]

[Student ID Number]

[Contact Information]