

Academic Record Release Authorization Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip]

[Email Address]

[Phone Number]

To Whom It May Concern,

I, [Your Name], a student at [Your Institution's Name], am writing to formally request the release of my academic records. My student ID number is [Your Student ID].

Details of the records to be released:

- Type of Records: [Transcript / Enrollment Verification / etc.]
- Recipient Name: [Recipient's Name]
- Recipient Address: [Recipient's Address]
- Purpose of Request: [e.g., Scholarship Application, Transfer, etc.]

I authorize [Your Institution's Name] to release my academic records to the above-mentioned recipient. I understand that this authorization will remain in effect until [Expiration Date], unless revoked in writing.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Student ID]