

Approval for Academic Information Release

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], am a student at [Your Institution Name], with student ID number [Your Student ID]. I am writing to formally authorize the release of my academic information to [Recipient Name or Institution Name] for the purpose of [Specify Reason, e.g., application, verification, etc.].

Details of the information to be released include:

- Grade Transcripts
- Enrollment Status
- Degree Verification

This authorization will remain valid until [Insert Expiration Date] unless I revoke it in writing prior to that date.

Thank you for your prompt attention to this matter. If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Full Name]

[Your Address]

[Your City, State, Zip Code]