

Authorization for Academic Transcript Release

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, with Student ID **[Your Student ID]**, hereby authorize **[Name of the Institution]** to release my academic transcripts to:

[Recipient Name]

[Recipient Address]

[Recipient Email]

[Recipient Phone Number]

This authorization is valid until the transcripts have been received by the above-named recipient or until **[Expiration Date]**.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email]