

# Authorization to Release Academic Records

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], and currently residing at [Your Address], hereby authorize [Name of Institution/Organization] to release my academic records to [Recipient's Name or Institution].

The purpose of this release is for [Reason for Release, e.g., college application, job application].

This authorization is effective immediately and will remain in effect until [Specify Expiration Date if necessary].

Thank you for your assistance in processing this request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Student ID (if applicable)]

[Your Contact Information]