

# Consent for Academic Record Disclosure

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, consent to the release of my academic records and information from **[Your Institution's Name]** to the following individual or organization:

**[Recipient's Name/Organization]**

**[Recipient's Address]**

**[Recipient's Email]**

**[Recipient's Phone Number]**

This consent includes all records relating to my academic progress, including but not limited to transcripts, grades, and attendance records.

This authorization shall remain valid until **[Specify Expiry Date or Event]**.

Thank you for your attention to this matter.

Sincerely,

**[Your Signature]**

**[Your Printed Name]**

**[Your Student ID (if applicable)]**

**[Your Address]**

**[Your Email]**

**[Your Phone Number]**