

Permission for Academic Record Verification

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], born on [Your Date of Birth], and currently residing at [Your Address], hereby grant permission to [Institution Name] to verify my academic records.

This permission is granted for the purpose of [specify reason, e.g., job application, further studies, etc.].

Please contact the following for any inquiries:

Email: [Your Email]

Phone: [Your Phone Number]

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]