

Student Academic Record Access Permission

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], a student at [Your Institution Name], hereby grant permission to [Recipient's Name/Institution's Name] to access my academic records. My student ID is [Your Student ID].

This permission is granted for the purpose of [reason for access, e.g., scholarship application, transfer process, etc.]. I understand that my academic records may include information related to my courses, grades, and any other academic-related evaluations.

If you have any questions or require further information, please feel free to contact me at [Your Email] or [Your Phone Number].

Thank you for your assistance.

Sincerely,
[Your Full Name]
[Your Address]
[Your Contact Information]