

# Data Sharing Authorization Letter

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

To Whom It May Concern,

I, **[Your Full Name]**, an alumnus/alumna of **[University/College Name]**, graduated in **[Year of Graduation]**, hereby authorize the **[Alumni Association Name]** to share my personal information as outlined below:

## Personal Information

- Full Name: [Your Full Name]
- Graduation Year: [Year of Graduation]
- Email Address: [Your Email Address]
- Phone Number: [Your Phone Number]

This information may be shared with:

- Other alumni
- University/College representatives
- Event organizers associated with the Alumni Association

I understand that this authorization is voluntary and that I may revoke it at any time by submitting a written notice to the Alumni Association.

Thank you for your attention.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Full Name]

[Your Address]

[Your Email Address]

[Your Phone Number]