

Authorization Letter for Transcript Request Due to Medical Reasons

Subject: Authorization to Request Transcript on Medical Grounds

Dear Registrar,

I, [Your Name], a former student of [Program/Department] at [University Name], am unable to visit the campus to request my Transcript of Records due to ongoing medical treatment.

I hereby authorize [Authorized Person's Name] to act on my behalf to request, process, and collect the said document. Attached are copies of our valid IDs and my medical certificate as proof of my condition.

I would appreciate your kind assistance in processing this authorization.

Thank you for your understanding.

Respectfully,

[Your Name]

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