

Authorization Letter For Transcript Of Records for Professional Program

Subject: Authorization for Release of Transcript of Records

Dear [Recipient's Name],

I hope this letter finds you in good health. I am writing to request the release of my academic records, specifically my Transcript of Records, from [Program Name] at [Institution Name].

I, [Your Name], hereby authorize the release of my Transcript of Records to the designated individual(s) or institution(s) listed below:

Recipient 1:

Name: [Recipient's Full Name]

Institution/Organization: [Name of Institution/Organization]

Purpose: [Purpose of Transcript Request, e.g., Employment Verification]

Recipient 2 (if applicable):

Name: [Recipient's Full Name]

Institution/Organization: [Name of Institution/Organization]

Purpose: [Purpose of Transcript Request, e.g., Further Education]

This authorization is given for the sole purpose of obtaining my academic records and does not extend to any other use or disclosure.

I understand that this authorization is valid until [Specify Expiry Date, if applicable], after which it will be considered null and void.

If there are any fees associated with this request, please inform me in advance, and I will make the necessary arrangements for payment.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if any further information or documentation is required.

Thank you for your prompt attention to this matter.

Sincerely,