Sample Student Records Authorization Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Educational Institution Name] to release my student records to [Recipient's Name and Address], for the purpose of [Specify Purpose, e.g., college application, employment verification].

I grant permission for the release of my academic records, transcripts, and any other relevant information.

Please consider this letter as my formal authorization for the release of my student records.

Sincerely,

[Your Signature]

[Your Printed Name]