Authorization Letter for Academic Records Release (Professional)

Subject: Authorization for Release of Academic Records

Dear Registrar's Office,

I, [Your Full Name], student ID number [Student ID], attended [University/School Name] from [Start Date] to [End Date], completing [Degree/Program Name].

I hereby authorize [University/School Name] to release my complete academic records to [Recipient Name/Organization], located at [Address], for the purpose of [employment verification, further education application, professional licensing, etc.].

Records to be released include official transcripts showing all courses and grades, degree certificate and diploma, enrollment verification, academic standing records, and any other academic documentation held by the institution.

Please send the records via [mail/email/direct delivery] to the following address: [Recipient's Complete Address].

I understand that these records may contain confidential information, and I provide this consent voluntarily. This authorization is valid for [specific timeframe or single release] and complies with applicable privacy regulations.

Processing fee: I understand there may be a fee for this service and authorize payment of [Amount] or will arrange payment separately by [Payment Method].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Printed Name]

[Date]

[Contact Information]