

Consent for academic institution to release records

Subject: Authorization to Release Academic Information

Dear [Registrar/Institution Name],

I, [Student Name], authorize [Institution Name] to release my academic records including grades, transcripts, and certificates to [Recipient Name/Organization].

This authorization is effective from [Start Date] until [End Date] and is intended for [purpose, e.g., job application, further studies].

Please process this request at your earliest convenience.

Sincerely,

[Student Name]

[Contact Information]

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