

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[School's Name]
[School's Address]
[City, State, ZIP Code]

Subject: Authorization Letter for School Records

To Whom It May Concern,

I, [Your Name], am the [relationship to the student, e.g., parent, guardian] of [Student's Name], who is currently enrolled in [Grade/Class] at [School's Name].

I hereby authorize [Authorized Person's Name], [relationship to the student], to access and obtain copies of all school records pertaining to [Student's Name]. This includes but is not limited to academic records, attendance records, and any other relevant information.

This authorization is valid from [Start Date] to [End Date].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to the Student]

[Student's Date of Birth]