

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Title]
[School/Organization Name]
[School Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Name], am writing to formally authorize the release of my student records to [Authorized Person's Name or Institution].

I understand that these records may include my grades, transcripts, behavioral records, and other educational information. This authorization is granted for the purpose of [state the purpose, e.g., college admissions, scholarship application].

Please provide the requested records to [Authorized Person's Name or Institution's Name] at [Authorized Person's Address or Institution's Address].

I appreciate your cooperation in this matter. If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Student ID (if applicable)]