

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

[University Name]  
[Department/Office Name]  
[University Address]  
[City, State, ZIP Code]

Subject: Parental Consent for [Student's Full Name]

Dear [Recipient's Name],

I, [Your Full Name], am a student at [University Name], currently enrolled in the [specific program or course, if applicable]. I am writing to provide parental consent in relation to my academic and administrative matters at the university.

I hereby grant permission for [University Name] to discuss and share my academic records and any related information with my parent(s)/guardian(s):

1. [Parent/Guardian Name]
2. [Parent/Guardian Address]
3. [Parent/Guardian Phone Number]
4. [Relationship to Student]

This consent is provided for the purpose of [state purpose, e.g., academic advising, financial aid queries, etc.], and is valid until [end date or specify if it remains in effect].

Thank you for your attention to this matter. I appreciate your cooperation in facilitating this process.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Student ID Number]