|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | **Authority Letter** Release Information | |  | | To  [Receiver Name]  [Receiver Title]  [Addess]  [Email] | |  | | From  [Sender Name]  [Sender Title]  [Addess]  [Email] | | |  | | --- | |  | |  | | Dear [Registrar's Name], | |  | | I, [Your Name], grant permission to [School/College/University Name] to release my educational records to [Third Party's Name], for the purpose of [state the purpose, e.g., scholarship application, educational evaluation, etc.]. The educational records may include but are not limited to transcripts, academic performance reports, certificates, and any other relevant information pertaining to my academic history at [School/College/University Name]. | |  | | This authorization shall remain valid until [end date] or until the specified purpose has been fulfilled, unless I notify you otherwise in writing. I trust that you will ensure the confidentiality and accuracy of the information shared with the designated third party. | |  | | For any inquiries or further information, kindly reach me at [Your Email Address] or [Your Phone Number]. | |  | | Thank you for your cooperation. | |  | | Sincerely, | | [Your Name]  [Your Signature] | |