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| **Authority Letter** Release Information |
|  |
| To[Receiver Name][Receiver Title][Addess][Email] |
|  |
| From[Sender Name][Sender Title][Addess][Email] |

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|  |
| 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] |

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