

Academic Transcript Release Agreement

I, [REDACTED], hereby authorize [REDACTED] to release my academic transcript to:

Recipient Name/Institution: [REDACTED]

Address of Recipient: [REDACTED]

Student ID Number: [REDACTED]

Date of Birth: [REDACTED]

I give my consent for the above-mentioned institution to disclose my academic transcript to the specified recipient.

Student Signature: [REDACTED]

Date: [REDACTED]

Submit Agreement