

Academic Records Disclosure Consent

I, [REDACTED], born on [REDACTED], hereby authorize [REDACTED] to release my academic records as outlined below to:

- Recipient Name: [REDACTED]
- Recipient Address: [REDACTED]
- Purpose of Disclosure: [REDACTED]

This consent is valid from [REDACTED] to [REDACTED]. I understand that I may revoke this consent at any time in writing.

Signature: [REDACTED]

Date: [REDACTED]