

Authorization to Share Education Records

I, (Student Name), authorize (Institution Name) to release my education records to:

Recipient Name/Organization:

Relationship to Student:

Records to be shared (specify type, e.g., transcript, grades):

Purpose for Disclosure:

Authorization valid from: to

Student Signature:

Date:

☐ I understand that this authorization is voluntary and I may revoke it at any time in writing.

Submit Authorization