

Authorization to Disclose Student Academic Records Form

Student Information

Full Name:

Student ID Number:

Date of Birth:

Recipient Information

Recipient Name/Organization:

Recipient Address:

Records to be Disclosed

☐ Official Transcript

☐ Grades

☐ Attendance Records

☐ Other (please specify):

Authorization

I authorize the release of my academic records as indicated above to the specified recipient.

Student Signature:

Date:

Submit