

# 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**