

Authorization to Disclose Educational Records Form Sample

The **Authorization to Disclose Educational Records Form Sample** facilitates the legal sharing of a student's academic information between educational institutions and authorized parties. This document ensures compliance with privacy regulations while granting permission for the release of specific educational records. It is essential for maintaining confidentiality and transparency in educational data management.

Student Information

Student Name:

Student ID Number:

Date of Birth:

Recipient Information

Recipient Name/Institution:

Recipient Address:

Recipient Email:

Educational Records to be Disclosed

- Transcripts
- Grade Reports
- Attendance Records
- Disciplinary Records
- Other (please specify):

Authorization

Purpose of Disclosure:

I understand and authorize the above-named institution to release my educational records as indicated above.

Student Signature:

Date:

Submit Authorization