

Authorization to Release Educational Records Information Form Sample

The **Authorization to Release Educational Records Information Form** sample provides a standardized template for granting permission to disclose a student's academic records. This form ensures compliance with privacy laws while facilitating the secure sharing of educational information. It is essential for institutions and individuals requiring authorized access to these records.

Student Information

Full Name:

Student ID Number:

Date of Birth:

Recipient Information

Recipient's Name/Organization:

Relationship to Student:

Records to be Released

- Academic Transcript
- Grades
- Attendance Records
- Other (specify):

Authorization Details

Purpose of Disclosure:

This authorization is valid until (date):

Consent & Signature

- I hereby authorize the release of my educational records as specified above.

Signature:

Date:

Submit Authorization