

[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of University/Educational Institution]
[Office of the Registrar/Records Department]
[Institution Address]

Subject: Authorization for Educational Qualification Verification

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Name of Agency/Company] and its authorized representatives to verify my educational qualifications and academic records obtained from [Name of University/Institution].

My details are as follows:

- **Full Name used during enrollment:** [Your Name]
- **Date of Birth:** [DOB]
- **Student Identification Number:** [Student ID]
- **Degree/Diploma Obtained:** [Name of Degree]
- **Year of Graduation:** [Year]

I authorize the release of information regarding my dates of attendance, degree(s) conferred, major field(s) of study, and any other relevant academic information required for the purpose of background screening and employment verification.

A photocopy or electronic version of this authorization shall be considered as valid as the original.

Thank you for your assistance.

Sincerely,

[Signature]

[Your Printed Name]