Letter of Consent for Credentials Verification

Office of the Registrar

Date:

To whom it may concern,

I hereby authorize the release of my academic records and other related information to   
 . The following data is provided as a reference for your office.

Name:

*(Indicate name under which degree received)*

Institution Attended:

Student ID:

Field of Study:

Degree or Certificate or Diploma received:

Dates of Attendance: From:  To:

*(DD/MM/YY) (DD/MM/YY)*

Date of Graduation:

*(DD/MM/YY)*

Thank you for your kind cooperation.

Faithfully yours,

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