



**Authorization - Permission to disclose academic records/transcripts/any type
of information related to my studies**

I have applied to CNRED for recognition of my Bachelor/Master's/PhD degree issued by (name of institution) from and I hereby authorize CNRED to obtain any and all documents and/or information regarding my academic records/transcripts. I also authorize CNRED to disclose certain information about me to any person or organization that I designate in writing and any other recipient that CNRED believes has a legitimate interest in receiving it (such as government agencies or potential employers). CNRED may disclose the information and documents pertaining to my academic records/transcripts, the status of any reports, evaluations or verifications prepared by CNRED, any other information obtained by CNRED and the results and the results and reasons for any action that CNRED may take against me.

Name

Signature

Date / /

(day / month / year)