



# Belize Bible College

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## **AUTHORIZATION LETTER**

To Whom It May Concern:

I, \_\_\_\_\_(STUDENT'S' NAME), hereby authorize the Belize Bible College to release to \_\_\_\_\_ (NAME OF PERSON AUTHORIZED), any information in my personal academic records, including all semester reports, financial reports, and any other information pertinent to my studies while I am a student at the institution.

Full name of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date of Signature \_\_\_\_\_

Witnessed by \_\_\_\_\_