

**AUTHORIZATION TO RELEASE INFORMATION OR REQUEST
INFORMATION FOR LETTERS OF RECOMMENDATION**

To: _____
(Name of University Official and Department such as “Registrar” or “Student Conduct”)

Please provide information from the educational records of _____
[student’s name] to:

_____ [name(s), and if appropriate the relationship to
the student such as “prospective employer” or “attorney”]

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

- _____ transcript
- _____ disciplinary records
- _____ all records
- _____ other (specify) _____

The information is to be released for the following purpose:

- _____ employment
- _____ admission to an educational institution
- _____ for a faculty or staff member to write a *letter of recommendation* (complete page 2)
- _____ other (specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent prospectively.

Name (print) _____

Signature _____

Student ID Number _____

Date _____

Note: If this release is for a *Letter of Recommendation* please complete the second page

Release for Letter of Recommendation

This form should be completed by any student requesting a faculty or staff member to write a letter of recommendation or serve as a reference. This form should be signed and returned to the faculty or staff member prior to the writing of a letter of recommendation or serving as a reference.

I _____ [student's name] understand that a letter of recommendation may contain non-directory personally identifiable information. I give permission to:

_____ [Faculty or Staff Member Name] to disclose such information in the form of a letter of recommendation and/or to provide an oral reference to:

[Recipient(s) of Letter of Recommendation or Reference].

The only type of information that is to be released under this consent is:

- _____ academic records (transcripts, grades, GPA, class attendance)
- _____ student employment records
- _____ disciplinary records
- _____ all records
- _____ other (specify) _____

I hereby:

_____ Waive

_____ Do Not Waive

My right to review this letter of recommendation.

Name (print) _____

Signature _____

Student ID Number _____

Date _____