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_____________________________________

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