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 or 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________________________________________