

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_____