

AUTHORIZATION TO RELEASE INFORMATION AND REQUEST FOR RECOMMENDATION

PRIOR TO NEED FOR RECOMMENDATION

Contact the individual from whom you are requesting the recommendation and ask if they will provide you with a positive reference. Be aware that faculty members who do not know you well may suggest using another person as a reference. Explain the purpose of the recommendation and provide a resume or other written information that will be helpful in making a recommendation on your behalf. If the individual agrees to provide a recommendation, complete the appropriate sections below.

PLEASE PRINT

Student

ID#

Phone

Email

AUTHORIZATION TO RELEASE INFORMATION

The Family Education Rights and Privacy Act (FERPA) of 1974 gives you the right to retain or waive access to this recommendation. Indicate below to your evaluator whether or not you waive or retain your right to access this information.

I retain my right of access I waive my right of access

I hereby submit this written authorization allowing _____
Print name of faculty/individual(s)

to release my educational information for the purposes of *(check all that apply)*:

confirming my academic record, courses taken, etc. *(Transcripts may only be requested through the Registrar's office)*

providing the recommendation requested below. I understand that the information may include but is not limited to classroom performance/behavior, grades, university service/involvement, and other academically and professionally relevant information.

Student Signature

Date

Witness

Date

Reason for recommendation:

Academic Award (i.e., Dept./College Scholar)

Employment

Graduate School

Practicum

Scholarship

Volunteer Placement

Other: _____

FOR TELEPHONE RECOMMENDATIONS

Name of Agency, Organization, or Person requesting recommendation (list all if more than one):

FOR WRITTEN RECOMMENDATIONS

Complete page 2 of this form.

Form is valid for **one (1) year** from the date signed above.

Recommendation Letter #1

Name of Organization: _____

Date recommendation/letter due: _____

Additional forms needed to accompany letter: Yes No

Instructions for returning the letter:

Return letter to student at:

Mail letter directly to:

Recommendation Letter #2

Name of Organization: _____

Date recommendation/letter due: _____

Additional forms needed to accompany letter: Yes No

Instructions for returning the letter:

Return letter to student at:

Mail letter directly to:

Recommendation Letter #3

Name of Organization: _____

Date recommendation/letter due: _____

Additional forms needed to accompany letter: Yes No

Instructions for returning the letter:

Return letter to student at:

Mail letter directly to:

Recommendation Letter #4

Name of Organization: _____

Date recommendation/letter due: _____

Additional forms needed to accompany letter: Yes No

Instructions for returning the letter:

Return letter to student at:

Mail letter directly to:

