

# Request for Recommendation

## Western Illinois University

This form may be used by a student to authorize release of non-directory information from his/her education record for purposes of providing a recommendation for employment, admittance to an educational institution, consideration for honor or award, etc. For each request, this form should be completed and presented to the individual who is asked to make a recommendation.

I hereby authorize \_\_\_\_\_  
Name of Reference\*: Professor, Other University Official, or Organization

To:  write a letter of recommendation.  
 complete an attached evaluation form.  
 respond to telephone reference calls.  
 other (please specify)\_\_\_\_\_.

Send to: Name/Employer/Educational Institution: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Recipient requires the recommendation/evaluation form by: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

For the purpose of:  employment  
 admission to an educational institution  
 application for scholarship or honorary award  
 other (please specify)\_\_\_\_\_

I consent to the release of any information from my education record (e.g., grades, GPA, etc.) that is deemed appropriate by the reference named above for purposes of the recommendation or evaluation.

Further, I hereby  *waive* my right to see the recommendation at any time in the future.  
 *do not waive*

Student Name: \_\_\_\_\_ (Print Name) WIU ID: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

\*To the reference named above, please do one of the following:

- Make a copy of this completed form and forward it to the Office of the Registrar (110 Sherman Hall), or
- Keep the original in your personal file for five years from date signed.