

AUTHORIZATION TO RELEASE INFORMATION AND REQUEST FOR RECOMMENDATION

PLEASE PRINT

Student

ID#

Phone

Email

AUTHORIZATION TO RELEASE INFORMATION

I hereby submit this written authorization allowing _____ to release
Print name of faculty/individual

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. **Complete next section, also.**

By signing this request, I waive my right to access to any confidential information sent as a result of this authorization.

Student Signature

Date

Witness

Date

REQUEST FOR RECOMMENDATION *(Separate forms required for each request)*

1. Schedule an appointment with the individual from whom you are requesting the recommendation.
2. Explain the purpose of the recommendation and ask if the individual is able to provide a positive one.
3. If the individual agrees to provide a positive recommendation:
 - a. Complete the top and bottom portions of this form.
 - b. Provide the recommendation forms and/or letter information.
 - c. Provide the individual with a typed, addressed, stamped envelope if the recommendation is to be mailed.

Date recommendation/letter due: _____

Reason for letter:

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

Practicum

Employment

Scholarship

Grad School

Other _____

Return letter to student at:

Mail letter directly to:

