

# 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.**

- I waive my right to access to any confidential information sent as a result of this authorization.
- I do not 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)
- Employment
- Grad School
- Practicum
- Scholarship
- Other \_\_\_\_\_

Return letter to student at: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mail letter directly to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

