Le ©er of Recommenda Ÿon Permission to Release Educa Ÿon Record Informa Ÿon

Please submit this form to the indidual who you have requested the Ger of Recommendation from.

Student Name:	Student ID Number:
I authorize	to wri@eradferecommenday on on my behalf to:
Recipient Name	
Address	
Phone number	
Email	
The following informaron may	be included in the recommenida le©er (mark all that apply):
Grades	Courses Acended
GPA	Academic Performance
Class Rank	Other:
Check one: I waive I do	not waive my right to review a copy of the Geer at any Ÿme in the future.

Student Signature

Date

Note: Wlease assist the faculty member in preparing your reference by providing suppor Ÿng informa Ÿdn yddongewquest. Examples of informaon that might be hepful: a resume, a transcript, sam slef previously completed academwork, etc. and informaon about the graduate program or position for which you are applying.

This form is being provided to assist you and your faculty in the permission process for student recontingent references. The form has been draded using the sample @ r provided by the American Associant of Collegiate Registrars and Admission&c@rs (AACRAO) and complies with the Family Edutate Rights and Privacy Act (FERPAchwhequires wri@n permission before releasing student information to a third party.

It is recommended that this release be kept on Ple for at least one (1) year. If you have $q_{\mu}esn\ddot{c}em$ ing the conductive of student informa \ddot{Y} on, please contact the Z P] \bullet \dot{S} CE (CE \sim \bullet) $\dot{K}\tilde{n}$ ($\langle \phi | \tilde{i} \circ r \circ \tilde{n} \rangle$) \dot{C} (CE P] \bullet \dot{S} CE \dot{C} \bullet μ] X μ