Letter of Recommendation

Consent for Release of Personal Educational Information

Name of student (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of faculty/staff member   
providing recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for the faculty/staff member named above to provide references or letters of recommendations on my behalf. I understand that these may include educational records such as grades that would normally be confidential.

I request that references or letters of recommendation be provided to these organizations:

\_\_\_ I waive my right to read this reference either before or after it is provided to others listed above.

\_\_\_ I DO NOT waive my right to read this reference.

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_