



Student Information

Name _____

Address _____

Student ID # _____

Request and Recipient Information

I give Professor/Instructor _____ permission to write a letter of recommendation to:

Name _____

Street Address 1 _____

Street Address 2 _____

City/State/Zip _____

Release of Student Education Record Information

YES. The professor/instructor may include the following information in the letter:

_____.

NO. The professor/instructor may **NOT** include the titles, grades, and cumulative GPA of the courses I took from him/her.

Student's Waiver of Right to Review

YES. I waive my right to review a copy of the letter at any time the future.

NO. I do **NOT** waive my right to review a copy of the letter at any time in the future.

Note: If your letter of reference is/was submitted through a third-party online reference system, it will not be available for your review.

Student Signature

Date