

Permission to Release Non-Directory Education Record Information

Date: _____

This is my formal request that _____
print faculty/advisor name
provide a personal/professional reference for me.

I authorize the person named above to disclose any and all information related to my class performance, general academic performance, or class/lab attendance in both written and oral form to _____
print person's name who is to receive the recommendation

for the purpose of _____
print reason for recommendation (job, grad school, etc.)

I waive my right to review a copy of a written recommendation now and in the future.

Student Name: _____ (printed)

Student Signature: _____

Faculty/Staff member: Be aware that once you write a letter of recommendation; it is considered an educational record and therefore you should retain a copy of the recommendation provided AND this form for a minimum of five years.