PRIOR TO NEED FOR RECOMMENDATION
Contact the individual from whom you are requesting the recommendation and ask if they will provide you with a positive reference. Be aware that faculty members who do not know you well may suggest using another person as a reference. Explain the purpose of the recommendation and provide a resume or other written information that will be helpful in making a recommendation on your behalf. If the individual agrees to provide a recommendation, complete the appropriate sections below.

PLEASE PRINT

Student ID#  
Phone  
Email

AUTHORIZATION TO RELEASE INFORMATION
The Family Education Rights and Privacy Act (FERPA) of 1974 gives you the right to retain or waive access to this recommendation. Indicate below to your evaluator whether or not you waive or retain your right to access this information.

___ I retain my right of access  ___ I waive my right of access

I hereby submit this written authorization allowing ___________________________ (Print name of faculty/individual(s)) to release 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.

Student Signature  
Date

Witness  
Date

Reason for recommendation:
___ Academic Award (i.e., Dept./College Scholar)  ___ Employment  ___ Graduate School
___ Practicum  ___ Scholarship  ___ Volunteer Placement
___ Other: ____________________________________________________________

FOR TELEPHONE RECOMMENDATIONS
Name of Agency, Organization, or Person requesting recommendation (list all if more than one):

________________________________________________________________________

FOR WRITTEN RECOMMENDATIONS
Complete page 2 of this form.

Form is valid for one (1) year from the date signed above.
Recommendation Letter #1
Name of Organization: ____________________________________________
Date recommendation/letter due: ________________________________
Additional forms needed to accompany letter: _____ Yes _____ No
Instructions for returning the letter:

_____ Return letter to student at: ________________________________

Mail letter directly to: ________________________________________

Recommendation Letter #2
Name of Organization: ____________________________________________
Date recommendation/letter due: ________________________________
Additional forms needed to accompany letter: _____ Yes _____ No
Instructions for returning the letter:

_____ Return letter to student at: ________________________________

Mail letter directly to: ________________________________________

Recommendation Letter #3
Name of Organization: ____________________________________________
Date recommendation/letter due: ________________________________
Additional forms needed to accompany letter: _____ Yes _____ No
Instructions for returning the letter:

_____ Return letter to student at: ________________________________

Mail letter directly to: ________________________________________

Recommendation Letter #4
Name of Organization: ____________________________________________
Date recommendation/letter due: ________________________________
Additional forms needed to accompany letter: _____ Yes _____ No
Instructions for returning the letter:

_____ Return letter to student at: ________________________________

Mail letter directly to: ________________________________________