

Release and Waiver Form for Professional Reference

Faculty Name _____ Date Requested _____

Student Name _____ Class of _____

Student ID# _____ Student E-mail _____

Student Track _____ Student Phone # _____

Applying to what type of program _____

Name (to whom) and Address to which letter should be sent:

Deadline for mailing: _____

NOTE: Requests for recommendations must be made at least 2 weeks prior to the deadline for mailing.

To the Student:

Please provide the information requested above. The student must initial one of the following statements and sign this form before submitting it to the evaluator. In accordance with the Family Rights and Privacy Act of 1974, I understand that federal legislation provides me with a right of access to confidential letters of evaluation relating to application for admission to another school, for a job, or for an award, and that no school or person can require me to waive this right.

<p>_____ I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.</p>	<p>_____ I retain my right of access to this letter of evaluation</p>
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I give permission for the faculty member named above to review my student records for the purpose of providing a reference (written or oral) to the person/program above. It is my understanding that the evaluation will be based upon the faculty member's knowledge of my academic performance and character traits. He/She has my permission to include my grades, grade point average, class rank, and any relevant information.

Student's Name (Print) Student's Signature Date

R:/ Faculty Resources/recommendationrequestform