

Letter of Recommendation

Please complete this form for each faculty or staff member from whom you are requesting a recommendation letter. Submit completed forms to Student Academic Services.

I give permission for		to
write a letter of recommendation to:		
Name / Program:		
Address 1:		
Address 2:		
City:	_State:	Zip Code:
He/She has my permission to include my grades, grade point average, class rank, clinical performance, and other relevant academic information in this letter.		
I understand that by signing this, I am waiving my rights of nondisclosure of these records under federal law only as the person or program specifically listed. This does not permit the disclosure of these records to any other persons or entities without my written consent.		
I understand that, by signing this, I am allowing the faculty or staff member from whom I am requesting a recommendation letter to review my full academic record.		
Student Name (print):		
Student Signature:		
Date:		