



## Letter of Recommendation

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

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.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_