

Permission to Release Student's Academic Record Information for Letter of Recommendation

This release should be provided to and maintained by the letter writer, along with a copy of the letter of recommendation.

Requested By (Student):

Release letter of recommendation to:

LAST NAME	FIRST NAME	NAME OF RECIPIENT	ORGANIZATION
ACADEMIC PROGRAM	GRAD YEAR	ADDRESS	
DATE	CITY, STATE	ZIP	

Purpose of release: _____

I give permission to _____ to write a letter of recommendation on my behalf and may include the following information in the letter:

Grades -Yes ___ No___ **GPA**- Yes___ _ No___ **Class Rank**-Yes_____ No___

Other information—please specify _____

Information not defined as "Directory Designated" information in the University FERPA policy, cannot be released without the written consent of the student.

___ I **waive my right** to review a copy of this letter at any time in the future.

___ I **do not waive my right** to review a copy of this letter at any time in the future.

STUDENT SIGNATURE	DATE
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LETTERS OF REFERENCE ARE REQUIRED TO BE RETAINED UNTIL 3 YEARS AFTER SEPARATION FROM THE UNIVERSITY, PER **ATSU POLICY 10-209**: ATSU RECORD RETENTION POLICY.

Action taken: Completed Other:

DATE: _____	BY WHOM: _____
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