

A.T. STILL UNIVERSITY | ATSU

Office of the Registrar  
800 West Jefferson ~Kirksville, MO 63501  
660.626.2356 ~ Fax 660.626.2926  
registrars@atsu.edu

## Letter of Recommendation - Permission to Release Education Record Information

Requested By (Student):

Release letter of recommendation to:

LAST NAME FIRST NAME

NAME OF RECIPIENT ORGANIZATION

ACADEMIC PROGRAM

ADDRESS

DATE

CITY, STATE ZIP

Purpose of release:

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

**Grades** -Yes \_\_\_\_ No \_\_\_\_/**GPA**- Yes \_\_\_\_ No \_\_\_\_/**Other**-please specify \_\_\_\_\_

If an official or unofficial transcript is requested, an additional request form must be completed and the appropriate charge will be assessed.

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

STUDENT SIGNATURE DATE

*OFFICE USE ONLY:*

*THIS RELEASE SHOULD BE MAINTAINED BY THE LETTER WRITER, ALONG WITH A COPY OF THE LETTER OF RECOMMENDATION.*

Action taken:  Completed  Other:

DATE

BY WHOM