A.T. STILL UNIVERSITY ATSU

Letter of Recommendation - Permission to Release Education Record Information

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

Requested By (Student):	Release letter of recommendation to:	
LAST NAME FIRST NAME	NAME OF RECIPIENT O	RGANIZATION
ACADEMIC PROGRAM	ADDRESS	
DATE	CITY, STATE ZIP	
Purpose of release:		
give permission toto write	a letter of recommendation on my beha	alf
and include the following information in the letter:		
Grades -Yes No/GPA- Yes No/ Class Rank	-YesNo	
Other information—please specify		
If an official or unofficial transcript is requested, an additio appropriate charge will be assessed.	nal transcript request form must be con	npleted and the
Iwaivedo not waive my right to review a copy	of this letter at any time in the future.	
	STUDENT SIGNATURE	DATE
Action taken: Completed Other:		
DATE	RV WHOM:	