



Letter of Recommendation

Permission to Release Education Record Information

Please submit this form to the individual who you have requested the Letter of Recommendation from.

Student Name: _____

Student ID Number: _____

I authorize _____ to write a letter of recommendation on my behalf to:

Recipient Name	
Address	
Phone number	
Email	

The following information may be included in the recommendation letter (mark all that apply):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Courses Attended |
| <input type="checkbox"/> GPA | <input type="checkbox"/> Academic Performance |
| <input type="checkbox"/> Class Rank | <input type="checkbox"/> Other: _____ |

Check one: I waive I do not waive my right to review a copy of the letter at any time in the future.

Student Signature

Date

Note: Please assist the faculty member in preparing your reference by providing supporting information along with your request. Examples of information that might be helpful: a resume, a transcript, samples of previously completed academic work, etc. and information about the graduate program or position for which you are applying.

This form is being provided to assist you and your faculty in the permission process for student recommendations and references. The form has been drafted using the sample letter provided by the American Association of Collegiate Registrars and Admissions Officers (AACRAO) and complies with the Family Educational Rights and Privacy Act (FERPA) which requires written permission before releasing student information to a third party.

It is recommended that this release be kept on file for at least one (1) year. If you have questions concerning the confidentiality and release of student information, please contact the Registrar's Office at (805)437-8500 or registrar@csuci.edu