

Consent to Release Education Records/Data for Letter of Recommendation for Graduate/Professional Schools

Requested By (Student):

LAST NAME FIRST NAME

STUDENT IDENTIFICATION NUMBER (UIN)

DATE

Release To (Recipient Organization/School):

LAST NAME FIRST NAME

ORGANIZATION/SCHOOL

ADDRESS

CITY STATE ZIP

I give permission to _____ to write a letter of recommendation to the recipient organization/school listed above. This individual has my permission to include the following information in this letter. (Specify education record information to be released below)

STUDENT SIGNATURE