

Consent to Release Education Records/Data for Letter of Recommendation for Employment

Requested By (Student):

LAST NAME FIRST NAME

STUDENT IDENTIFICATION NUMBER (UIN)

DATE

Release To (Recipient Company):

LAST NAME FIRST NAME

COMPANY

ADDRESS

CITY STATE ZIP

I give permission to _____ to write a letter of recommendation to the recipient company 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