

Request for Recommendation Letter

Name: _____

Panther ID Number _____

Classes and Semester taken with the Faculty Recommender

Course _____ Semester/Year _____

Course _____ Semester/Year _____

Course _____ Semester/Year _____

Course _____ Semester/Year _____

Course _____ Semester/Year _____

Course _____ Semester/Year _____

When is the letter due? _____

PERMISSION TO RELEASE EDUCATIONAL RECORD INFORMATION

I, _____, give permission for

_____ to release the items checked below in a
(Instructor, university employee, department)

Grades for courses

Scores on Exams

recommendation letter to _____.
(Name of School, program, etc.)

Student Signature

Date

Action Taken By: _____ Date: _____