

RELEASE FOR RECOMMENDATION/EVALUATION LETTERS

Name of Student: _____ Student ID number: _____

I give permission for _____ to provide a recommendation or evaluation on my behalf.

The recommendation or evaluation may be given in the following form(s) (check one or both):

_____ Written letter.

_____ Oral recommendation or evaluation, in person or by phone or virtual meeting.

This recommendation or evaluation can include the following information:

Please check all that apply:

_____ Any information on my PC transcript, including my grades and courses taken.

_____ Any information on my curriculum vitae or resume.

_____ Any information included in my personal statement or writing sample.

_____ Any educational and other records that the recommender or evaluator has or has had access to (including, but not limited to, exams, essays or other written assignments, other evaluations, etc.).

Note: Under the Family Educational and Privacy Rights Act, 20 U.S. C. 1232(g), you may, but are not required to waive your right of access to confidential references given for any of the purposes listed on this form above. If you waive your right of access, the waiver remains valid indefinitely.

I waive my right to review a copy of this letter of recommendation or evaluation now and in the future or to know the content of any oral communication.

_____ Yes

_____ No

Signature of student: _____ Date: _____

Instructions for the student: Identify faculty or staff members who will complete a recommendation for you and provide this completed and signed Permission to Release form to each.

Instructions for the author: Retain a copy of this waiver for your personal files.

This form was modified from the University of Rhode Island Letter of Reference Request and Student Authorization Release for Recommendation form.

Rev. 11/2/2024
