

Permission to Release Education Record Information for Current U of U Students

Student Name: _____ Student ID Number: _____

I authorize _____ to write letters of recommendation on my behalf.

Please fill out one form per faculty member and see back for recipient information.

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

- Grades
- Courses Attended
- GPA
- Academic Performance
- Class Rank
- Clinical Performance
- Other: _____

Please select one:

Application for graduate school

I agree to allow instructors to use my academic record for creating letters of recommendation into the graduate programs in the Department of Communication Sciences and Disorders at the University of Utah and in graduate programs from other institutions. The letters that the instructors create may include the indicated information above to provide a detailed account of the instructor's experience of my academic career thus far. I also agree that the instructor may answer questions in a follow-up phone call.

Employment

I agree to allow instructors to use my academic record for creating letters of recommendation for employment opportunities. The letters that the instructors create may include the indicated information above to provide a detailed account of the instructor's experience of my academic career thus far. I also agree that the instructor may answer questions in a follow-up phone call.

Externships/Clinical Rotations

I agree to allow instructors to use my academic record for creating letters of recommendation for externships/clinical rotation opportunities. The letters that the instructors create may include the indicated information above to provide a detailed account of the instructor's experience of my academic career thus far. I also agree that the instructor may answer questions in a follow-up phone call.

Scholarships

I agree to allow instructors to use my academic record for creating letters of recommendation for scholarship opportunities. The letters that the instructors create may include the indicated information above to provide a detailed account of the instructor's experience of my academic career thus far. I also agree that the instructor may answer questions in a follow-up phone call.

Please select 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

Recipient Information

Institution/Site	
Recipient Name	
Address	
Phone number	
Email	

Institution/Site	
Recipient Name	
Address	
Phone number	
Email	

Institution/Site	
Recipient Name	
Address	
Phone number	
Email	

Institution/Site	
Recipient Name	
Address	
Phone number	
Email	

Institution/Site	
Recipient Name	
Address	
Phone number	
Email	