Request for Letter of Recommendation

The Pennsylvania State University

This form may be used by a student to authorize release of non-directory information from his/her education record for purposes of letters of recommendation, applications to an educational institution, etc. For each set of recipients, this form should be completed and filed in the student’s department.

Recipients of letters:

□ Potential employers

□ Admission officials

□ Scholarship/award administrators

□ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization is valid until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Specify date)

I consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*specify recommender*) to provide all recipients that I request any information from my educational record (e.g., grades, GPA) which is deemed appropriate for purposes of recommendations or evaluation.

Further, I hereby □ *waive* □ *do not waive* my right to see the recommendations at any time in the future.

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Is a disciplinary review required? □ Yes □ No