

AGREEMENT FOR PRODUCTION OF A LETTER OF RECOMMENDATION

I, _____, (“Student”) request that
(PLEASE PRINT)

(PLEASE PRINT)

(“Faculty Member”)

write a letter of recommendation concerning my application for the following:

➔ **Please PRINT and supply the name and address of contact(s) :**

Hospital or Agency: _____

Contact Name & Title: _____

Address: _____

City, State, Zip: _____

Position you're applying for: _____

(Place any additional names & addresses on the back of this form)

I understand that in the process of writing the letter, the Faculty Member may use the following types of information:

- 1) Personal information about me that I have supplied to the Faculty Member. This may include information I provide in written form to the Faculty Member or information obtained by the Faculty Member through various interactions with me such as office visits and academic advisement discussions.
- 2) Information regarding my performance in class(es) taught by the Faculty Member. This may include, but is not limited to, my performance on exams, assignments, quizzes and other classwork, along with perceptions gained from my attendance, participation and general activity in class.
- 3) Information regarding my overall academic performance. This may include my GPA and other information about my overall academic performance obtained from my “student record” (as that term is defined in 20 USC 1232g). By signing this agreement, I authorize the Faculty Member to access my student records for the purpose of obtaining information the Faculty Member deems necessary to write the requested letter of recommendation for me.

Date

Signature of Student

COMPLETE AND SIGN ONLY ONE OF THE FOLLOWING STATEMENTS:

I, _____,
PRINT NAME

hereby freely and expressly WAIVE any and all rights of access that may be granted to me by the Family Educational Rights and Privacy Act (20 USC 1232g) or otherwise to the letter of recommendation written by Faculty Member. I understand that this waiver is irrevocable, but that is limited to Faculty Member’s letter of recommendation.

DATE

SIGNATURE OF STUDENT

I, _____,
PRINT NAME

hereby *retain* any and all rights of access that may be granted to me by the Family Educational Rights and Privacy Act (20 USC 1232g) or otherwise to the letter of recommendation written by Faculty Member

DATE

SIGNATURE OF STUDENT

Hospital/Agency: _____

Contact Name & Title: _____

Address: _____

City, State, Zip: _____

Position you're applying for: _____

Hospital/Agency: _____

Contact Name & Title: _____

Address: _____

City, State, Zip: _____

Position you're applying for: _____

Hospital/Agency: _____

Contact Name & Title: _____

Address: _____

City, State, Zip: _____

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Address: _____

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