

**LETTER OF RECOMMENDATION AUTHORIZATION FORM**

Letters of recommendation which are made from the recommender's personal observation or knowledge do not require a written release from the student who is the subject of the recommendation. However, in order to maintain compliance with the Family Educational Rights and Privacy Act (FERPA), any faculty or staff member of who writes a letter of recommendation that includes personally identifiable information from a student's education record (such as grades, GPA, etc.), the student must provide a signed release.

Your signature on this form allows an individual to use your education records as appropriate to provide requested information. It is your responsibility to identify any information that you do not wish to have released.

\_\_\_\_\_ Grades for all courses

\_\_\_\_\_ Grade(s) for the following courses: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Clinical Performance

\_\_\_\_\_ GPA

\_\_\_\_\_ Class rank

  X   Other: \_\_\_\_\_

This authorization is effective for two years following completion in the program or until you withdraw it by resubmitting this form or notifying the individual in writing.

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_