Letter of Recommendation Permission Form

In accordance with the Family Educational Rights and Privacy Act (FERPA) I, the undersigned, hereby authorize Michigan Technological University to write a letter or letters of recommendation which may reference or include the following educational records and information:

☐ Any transcript information
☐ GPA and specific course information
☐ Class Rank
☐ Other (specify): ______________________________________________________________

for the purpose of:

☐ Employment recommendation
☐ Graduate or professional school recommendation
☐ Scholarship recommendation
☐ Honor recommendation
☐ Other (specify): ______________________________________________________________

Party(s) to whom the disclosure can be made:

Organization: _______________________________  Organization: _______________________________
Contact: ___________________________________  Contact: ___________________________________
Address: ___________________________________  Address: ___________________________________
City: _________________________ State: _______  City: _________________________ State: _______
Zip: _____________  Zip: _____________

Organization: _______________________________  Organization: _______________________________
Contact: ___________________________________  Contact: ___________________________________
Address: ___________________________________  Address: ___________________________________
City: _________________________ State: _______  City: _________________________ State: _______
Zip: _____________  Zip: _____________

Organization: _______________________________  Organization: _______________________________
Contact: ___________________________________  Contact: ___________________________________
Address: ___________________________________  Address: ___________________________________
City: _________________________ State: _______  City: _________________________ State: _______
Zip: _____________  Zip: _____________

☐ I waive the right to review the requested letter(s) of recommendation.
☐ I do not waive the right to review the requested letter(s) of recommendation.

☐ By checking this box, I authorize Michigan Tech to provide letters and information to the listed party(s) for the purpose(s) checked above during the following academic year: ____________.
I understand that this permission form expires August 31 of the academic year indicated.

_______________________________________________ M __________________________________
NAME (Please print) STUDENT IDENTIFICATION NUMBER

__________________________________________
SIGNATURE 

DATE

This form is to be kept on file for one year past the expiration date.