



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: _____
 Contact: _____
 Address: _____
 City: _____ State: _____
 Zip: _____

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 Contact: _____
 Address: _____
 City: _____ State: _____
 Zip: _____

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 Contact: _____
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 City: _____ State: _____
 Zip: _____

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 Contact: _____
 Address: _____
 City: _____ State: _____
 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.**

NAME (Please print)

M _____
STUDENT IDENTIFICATION NUMBER

SIGNATURE

DATE

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