The Pennsylvania State University
Department of Communication Sciences and Disorders
Letter of Recommendation

Permission to Release Education Record Information

Name of Student ________________________________

I give permission for ___________________________ to write a letter of recommendation on my behalf, and for the purpose of ________________________________.

This letter can include the following information:
Please check all that apply:
☐ Grades
☐ GPA
☐ Class rank
☐ GRE scores

I waive my right to review a copy of this letter of recommendation now and in the future.
☐ Yes ☐ No

Please send letters of recommendation to:

Signature of student _________________________ Date ________________

Instructions for the sponsor: Retain a copy of this waiver for your personal files, and mail the original, along with the letter of recommendation, to the above listed address.

Adapted from the University of Utah website: http://www.sa.utah.edu/regist/FERPA/faculty/documents/msOE7