

## Request/Release for Letters of Recommendation

Student's Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Faculty/Staff Member issuing the recommendation: \_\_\_\_\_

I am requesting a letter of recommendation to be written on my behalf by the person(s) named above. I understand that any letter of reference may include the directory items which the school may legally provide, as well as information concerning the courses I have taken, my classroom and academic performance, grades and grade point average, my participation in extracurricular activities, my skills and competencies, and my abilities to interact with various members of the collegiate community. I also grant permission for representatives of Goodwin University to discuss my credentials and performance with the above named individual(s)/organization and waive my right to inspect and review the requested letter of reference. My signature below represents my consent to these conditions.

The purpose of this letter is:

College readmission/admission to selective program

Employment

Support scholarship application

Other, please describe briefly \_\_\_\_\_

### Please provide the following information about the recipient of this letter: (print clearly)

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office/Department: *(if part of a larger institution or business)* \_\_\_\_\_

Full Address: \_\_\_\_\_

Date letter is needed: \_\_\_\_\_

My consent to the release of this information expires on: \_\_\_\_\_

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