Social Work Department
REQUEST FOR LETTER OF RECOMMENDATION

This form may be used by a student to authorize release of non-directory information from his/her educational record for purposes of a letter of recommendation, application to an educational institution, etc. For each request, this form should be completed and presented to the individual making the recommendation at least 30 days prior to date needed.

I hereby authorize ______________________________________________________

Name of Instructor

TO: □ Write a letter of recommendation
    □ Complete evaluation form (attached)
    □ Other (specify) ______________________________________________________

Send to: Name, Employer or Educational Institution: ____________________________________________

Street 1: __________________________________________________________________________
Street 2: __________________________________________________________________________
City/State/Zip: _____________________________________________________________________

Recipient requires by date of: ________________________________________________________________________________
(Return completed form to the faculty writing recommendation at least ONE MONTH before recommendation is needed)

For the purpose of: □ Employment
    □ Admission to an educational institution
    □ Application for scholarship or honorary award
    □ Other (specify) _____________________________________________________________

I consent to the release of any information from my educational record (e.g. grades, GPA) that is deemed appropriate for purposes of the recommendation or evaluation.

Student Name: ____________________________________________   MU ID# ______________________

(Print Name)

Student Signature: ____________________________________________   Date: ______________________

6/2013r