

# Request for Letter of Recommendation

The Pennsylvania State University

This form may be used by a student to authorize release of non-directory information from his/her education 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.

I hereby authorize \_\_\_\_\_  
Name of Professor or Other University Official or Organization

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: \_\_\_\_\_

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 education record (e.g. grades, GPA) that is deemed appropriate for purposes of the recommendation or evaluation.

Further, I hereby: \_\_\_\_\_ *waive* \_\_\_\_\_ *do not waive* my right to see the recommendation at any time in the future.

Student Name: \_\_\_\_\_ PSU ID: \_\_\_\_\_  
Print Name

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

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## For Office Use Only

Is a disciplinary review required? \_\_\_\_\_ Yes \_\_\_\_\_ No