## **Request for Letter of Recommendation**

Student Information		
Name		
Address		
U-Number I	J	
Request and Recipion	ent Information	
I give Professor/Instru	uctor	permission
to write a letter of rec	ommendation to:	
Name		
Street Address 1		
Street Address 2		
City/State/Zip		
YES. The profe  NO. The profes	Education Record Information ssor/instructor may include the follow sor/instructor may NOT include the tirses I took from him/her.	
Student's Waiver of	Right to Review	
	•	
<b>YES.</b> I waive my right to review a copy of the letter at any time the future.		
NO. I do NOT waive my right to review a copy of the letter at any time in the future.  Note:  If your letter of reference is/was submitted through a third-party online reference system, it will not be available for your review.		
Student Signature		 Date