Letter of Recommendation Release



Name of Student		
	(Print Name)	(Student ID #)
hereby authorize any univers	ity official to write a letter of recom	Act of 1974 (FERPA), I, the undersigned, mendation in which he/she may nce, of which the evaluator is aware.
Employment Admission to an educa	ion to be released (select all that apparentional institution	
The information should be re	eleased to:	
Any institution or empl	oyer I designate [provided by the st	udent]
Or		
To:Address:	and address of receiving party prov	
letter; (2) I have the right to a that this consent shall remain Denver (DU), but that any su receipt of any such written re	receive a copy of this letter upon receive a copy of this letter upon receive in effect until revoked by me, in which revocation shall not affect disclosure evocation.	release of my education records for this quest unless I waive that right; (3) and riting, and delivered to University of osures previously made by DU prior to the
☐ I waive my right to review	a copy of this letter at any time in t	he future.
□ I do not waive my right to	review a copy of this letter at any ti	me in the future.
Student's Signature Your typed name will constitu	Date ute a signature for emailed forms.	
Upon completion of this form	n the student must submit to the eva	ıluator.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER

DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM

APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER

IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.