PERMISSION FOR LETTER OF RECOMMENDATION

NAME ________________________________

I give permission for ________________________________ (instructor/ advisor name) to write a letter of recommendation to the following person(s)/ institution(s):

Name and address of letter recipient(s):

(Specific authorization must be listed for each recommendation to be released.)

The above-named person also has my permission to include information regarding my grades and academic performance at Teachers College in this letter.

☐ Check this box if you would like to waive your right to review a copy of this letter at any time in the future.

STUDENT SIGNATURE ________________________________ DATE ____________

In accordance with the Family Education Rights and Privacy Act (FERPA), students must provide signed, written consent for the release of any education records that are not considered “directory information.” An “education record” is any record with personally identifiable information that is maintained by Teachers College. Please consult the Student Handbook or the Office of the Registrar with any questions regarding the release of your education record(s).