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 letters of recommendation, applications to an educational institution, etc. For each set of recipients, this form should be completed and filed in the student’s department.

Recipients of letters:

□ Potential employers
□ Admission officials
□ Scholarship/award administrators
□ Other (please specify) ______________________

This authorization is valid until ______________________

(Specify date)

I consent for ________________________________ (specify recommender) to provide all recipients that I request any information from my educational record (e.g., grades, GPA) which is deemed appropriate for purposes of recommendations or evaluation.

Further, I hereby □ waive  □ do not waive my right to see the recommendations at any time in the future.

Student Name _________________________________________  PSU ID: _____________________________

(Print Name)

Student signature __________________________________________ Date: _____________________________

For Office Use Only

Is a disciplinary review required? □ Yes  □ No