

Maryville College Request for Letter of Recommendation

Student Name: _____ Student ID #: _____

I authorize _____ to write a letter of recommendation on my behalf to:

| |
|----------------------------------|
| Recipient Name: |
| Address: _____ _____ _____ |
| Phone Number: |
| Email: |

The following information may be included in the recommendation Letter (mark all that apply):

- Grades
- GPA
- Class Rank
- Courses Attended
- Academic Performance
- Work Study Performance
- Other: _____

I waive my right to review a copy of the letter at any time in the future.

Student Signature

Date

Note: Please assist the faculty member in preparing your reference by providing supporting information along with your request. Examples of information that might be helpful: a resume, a transcript, samples of previously completed academic work, etc. and information about the graduate program or position for which you are applying.

This form is provided to assist you and your faculty in the permission process for student recommendations and references. This form has been drafted using the sample provided by the American Association of Collegiate Registrars and Admission Officers (AACRAO) and complies with the Family Educational Rights and Privacy Act (FERPA) which requires written permission before releasing student information to a third party.

It is recommended that this release be kept on file for at least one year. If you have questions concerning the confidentiality and release of student information, please contact the Registrar's Office at (865)981-8212 or by email at registrar@maryvillecollege.edu.