Release for Student Recommendation

Instructions for Faculty and Staff

Writing a letter of recommendation or providing oral reference may require express, written permission from a student in order to: 1) access the student's educational records, and 2) disclose confidential (non-directory) information about the student to a third party. Faculty and staff may use this form when asked to provide student recommendations.

Instructions for Students

Complete, sign and return this form to the university faculty or staff member in person, by fax or by scanning and emailing it from your colorado.edu account to your evaluator’s colorado.edu account.

1. I give my permission to ___________________________________________ (faculty/staff member name) to write a letter of recommendation and/or to provide an oral reference to:
   ___ Any institution or employer I designate (provided by the student); OR
   ___ To the following individual or entity (name/address):

2. I authorize the following non-directory information to be released in this letter of recommendation or oral reference:
   ___ Any information on my CU-Boulder transcript, including grades and courses taken
   ___ Any information on the attached curriculum vitae or resume (if provided)
   ___ Any information included in my attached personal statement (if provided)
   ___ Any educational and other records to which the recommender has access in making academic or employee evaluations and decisions, including but not limited to examinations, papers, projects, evaluations, etc.
   ___ Other (specify): __________________________________________________________

3. This purpose of the information to be released (select all that apply):
   ___ Employment
   ___ Admission to an educational institution
   ___ Other (specify): __________________________________________________________

I, the undersigned, hereby authorize above stated faculty or staff member to provide a written or oral recommendation in which he/she may provide information from my education or other records at CU-Boulder. I understand further that I have the right (1) not to consent to the release of my education records for this letter; (2) to receive a copy of this letter upon request unless I waive that right; and (3) to revoke this consent in writing at any time, but that any such revocation shall not affect disclosures previously made prior to the receipt of a written revocation request.

___ I waive my right to review a copy of this letter or to know the contents of any oral communication.
___ I do not waive my right to review a copy of this letter or to know the contents of any oral communication.

Student Name (print) ___________________________ Student ID ___________________________

Student Signature ___________________________ Date ___________________________

Published 12/2015