



College of Arts & Sciences

Request for Letter of Recommendation

STUDENTS: Please complete the following information BEFORE giving this form to your evaluator.

Today's Date: _____

Name of Evaluator: _____

Student Name

Student ID Number

E-mail address @siue.edu

Academic Major

I give my permission to this evaluator to write a letter of recommendation to:

(Name of person, business, institution, or service)

(Name of person, business, institution, or service)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

I give permission to include the following personally identifiable information in this letter of recommendation:

Grades

GPA

Other (please identify) _____

Pursuant to the Family Educational Rights & Privacy Act (FERPA – Buckley Amendment 1974)

I waive my right to review this letter.

I retain my right to review this letter.

By waiving your rights to review the letter, you will not be allowed to see your letter of recommendation or be informed of its contents.

Student Signature

Date

FACULTY/STAFF: Please read the following below before completing the letter of recommendation.

Faculty and/or staff in the College of Arts & Sciences may use this form when a student requests a letter of recommendation. Student consent should include: (1) the data to be disclosed, (2) to whom the data will be disclosed, and (3) the student's signature and date of the request.

The Family Educational Rights & Privacy Act of 1974 (as amended in December 1974) provides that the release of education records (or personally identifiable information therein, except for public directory information) without the consent of the student will not be made. Examples of personally identifiable information include: birth date, religion, citizenship, disciplinary status, ethnicity, gender, GPA, marital status, Banner ID#, grades/exam scores, and standardized test scores.