Lewis-Clark State College

Permission to Release Non-Directory Education Record Information

Date: ___________________________

This is my formal request that _______________________________________________ provide a personal/professional reference for me.

I authorize the person named above to disclose any and all information related to my class performance, general academic performance, or class/lab attendance in both written and oral form to __________________________________________________________ for the purpose of ____________________________________________________________________

I waive my right to review a copy of a written recommendation now and in the future.

Student Name: ____________________________________________ (printed)

Student Signature: _________________________________________

Faculty/Staff member: Be aware that once you write a letter of recommendation; it is considered an educational record and therefore you should retain a copy of the recommendation provided AND this form for a minimum of five years.

office forms: recommendation request revised 4/9/07, 11/17/07