



Letter of Recommendation Academic Information Release

Student's Name: _____ Class Year: _____
(Print Clearly) *(First, M.I., Last)*

Major(s): _____ Minor(s): _____

I, the undersigned, do hereby authorize the following Wabash College faculty, staff, or committee to use and release information pertaining to my education record about my grades, GPA, class rank, and academic achievements pertinent to the Letter of Recommendation. The Registrar's Office may provide my academic information to the faculty, staff, or committee listed below for the purpose of writing this Letter of Recommendation. I understand that it is my responsibility to provide any additional forms that are required to accompany the Letter of Recommendation.

Faculty/Staff/Committee:

- 1. _____ 2. _____

Letter of Recommendation Recipient and Mailing Address:

- 1. _____ 2. _____

____ I **waive** my right to review a copy of the Letter of Recommendation in the future.

____ I **do not waive** my right to review a copy of the Letter of Recommendation in the future.

I understand that by signing this authorization, I am waiving my rights of non-disclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Student Signature: _____ Date: _____

