RELEASE FOR LETTER OF RECOMMENDATION

ACOM - Office of the Registrar
445 Health Sciences Blvd., Dothan, AL 36303
Phone: 334-699-2266 • Fax: 334-944-4002

Instructions for Faculty and Staff: This form may be used when a student requests you, as a school official, to write a letter of recommendation. A signed release is necessary to document written consent from the student. Student consent should include: (1) a description of the information to be disclosed, (2) to whom the information will be disclosed, and (3) the student’s signature and date.

If a letter of recommendation contains non-directory information:
- A written release is required for general letters of recommendation sent to third parties

Examples of non-directory information include: GPA, student ID number or social security number, grades/exam scores and standardized test scores.

Instructions for Students: Complete, sign and return to the faculty or staff member.
I give my permission to __________________________________ (Faculty or Staff Member Name) to write a letter of recommendation and/or to provide an oral reference to:

☐ All persons or entities listed here: ____________________________ ____________________________
___________________________________________________________________________

I give my permission for ____________________________ (Faculty or Staff Member Name) to include the following non-directory information in this letter of recommendation or oral reference:

☐ Any information on my ACOM transcript including my grades and courses taken.
☐ Any information on the attached curriculum vitae or résumé.
☐ Any information included in my attached personal statement.
☐ Any educational and other records to which the recommender has (or has had) access in making academic and/or employee evaluations and decisions, (including but not limited to examinations, essays, terms papers, teaching evaluations, graduate committee evaluations, and so forth.)
☐ Other (please specify)
___________________________________________________________________________
___________________________________________________________________________

Purpose: ________________________________________________________________

I hereby
☐ Waive    ☐ Do Not Waive

my right to review this recommendation letter or to know the contents of any oral communication.

Student’s Name (please print): ____________________________

Student’s Email: ____________________________ (Optional) Student’s Phone: ____________________________

Student’s Signature: ____________________________ Date: ______________