

# 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: \_\_\_\_\_