

RELEASE OF RECOMMENDATION CONSENT FORM

ACOM - Office of the Registrar
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INSTRUCTIONS FOR FACULTY & 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 documents 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 to, 3) the student's signature and date of approval. 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.

PERSONAL STUDENT INFORMATION: Please Print

Last Name: _____ First Name: _____ Middle: _____
Maiden/Previous: _____ DOB: _____ Email: _____
Student ID No.: _____ Class of: _____ Class Level: _____
Address: _____
Cell Phone: _____ Alternate Phone No.: _____

STUDENT ACKNOWLEDGEMENT: Complete, sign and return to Faculty or Staff member

I, _____ give my permission to _____ to
(Print Full Name) (Print Faculty or Staff Member Name)
write a letter of recommendation and/or provide an oral recommendation to _____
(List All Persons or Entities)

I, _____ give my permission to _____ to
(Print Full Name) (Print Faculty or Staff Member Name)
include the following non-directory information in this letter of recommendation and/or oral recommendation:

- Any information on my ACOM transcript, including my grades and courses taken.
- Any information on the attached curriculum vitae or resume.
- 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, essays, term papers, teaching evaluations, graduate committee evaluations, and so forth.
- Other (please specify) _____

Purpose of recommendation: _____

I, _____ hereby Waive Do Not Waive
(Print Full Name)
my right to review this recommendation letter or know the contents of an oral recommendation.

Student Signature: _____ Date: _____