

Letter of Recommendation Release
Office of the Registrar

The Family Educational Rights and Privacy Act (FERPA) requires the University to obtain written consent prior to the release of any non-directory information (grades, rank, GPA, academic performance, etc.) from a student record to a third party.

STUDENT INSTRUCTIONS: Complete, sign and return this form to the university faculty or staff member in person, or by scanning and emailing it from your chsu.edu account to your evaluator's chsu.edu account.

RECOMMENDER INSTRUCTIONS: This form must be complete and contain the requester's signature. Please verify all academic information with the Office of the Registrar and keep a signed copy of this form for your records.

Student Name: _____ <i>(First Name MI Last Name)</i>			
SONIS Student ID Number: _____	College (check one):	COP	COM
Class of: _____			
Date Letter of Recommendation is needed by (month/day/year): _____			

I authorize the following Faculty or University Official: _____

to provide a letter of recommendation and/or a reference on my behalf to:

Name of Recipient: _____

Mail: _____
Address City, State, Zip

Email: _____ Phone: _____

For the purpose of: Admissions Employment Scholarship/Award Application
 Other (specify): _____

This may include (check all that apply): Grades Courses Completed Class Rank GPA
 Class Performance Other (specify): _____

I waive my right to review this recommendation/reference:

I waive I do not waive

By signing below, I consent to the release of the information as outlined above.

► **Student Signature:** _____ **Date:** _____