

Letter of Recommendation Request

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 from a student's record to a third party.

STUDENT INSTRUCTIONS: Complete, sign, and return this form to the CHSU faculty/university official in person, or by scanning and emailing it from your CHSU email account to your evaluator's CHSU email 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</i>	<i>MI</i>	<i>Last Name</i>
SONIS Student ID Number:	_____	Program:	_____
		Class of:	_____
Phone Number :	_____	Date Letter is Needed By:	_____

I authorize the following CHSU Faculty or University Official: _____
to provide a letter of recommendation and/or reference on my behalf to:

Name of Recipient: _____

By The Following Delivery Method (choose one):

Postal Mail: _____
Street Address *City, State* *Zip*

Email: _____

For the purpose of (choose one):

Admissions	Employment	Scholarship/Award Application
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Other (specify): _____

This may include (check all that apply):

Grades	GPA	Class Rank
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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: _____