

Name of Student: _____ Student ID number: _____

I give permission for _____ to provide a recommendation on my behalf for the purpose of (check all that are applicable):

- Application for employment.
 All forms of scholarship or honorary award.
 Admission to another education institution.

The recommendation may be given in the following form(s) (check one or both):

- Written recommendation letter.
 Oral recommendation in person or phone.

This recommendation can include the following information:

Please check all that apply:

- Any information on my URI transcript including my grades and courses taken.
 Any information on my curriculum vitae or resume.
 Any information included in my personal statement.
 Any educational and other records that the recommender has or (has had) access to.
(Including but not limited to, exams, essays, term papers, teaching evaluation, graduate committee evaluations, etc.)

If requesting a written recommendation, please provide mailing address:

Note: Under the Family Educational and Privacy Rights Act, 20 U.S. C. 1232(g), you may, but are not required to waive your right of access to confidential references given for any of the purposes listed on this form above. If you waive your right of access, the waiver remains valid indefinitely.

I waive my right to review a copy of this letter of recommendation now and in the future or to know the content of any oral communication.

Yes

No

This authorization to provide recommendations is valid for one (1) year from the date of my signature below, unless I specify an earlier ending date.

Signature of student: _____ Date: _____

Instructions for the student: Identify faculty or staff members who will complete a recommendation for you, and provide this signed Permission to Release form to each.

Instructions for the author: Mail your signed letter of recommendation to the above address and retain a copy of this waiver for your personal files.

