



Request for Recommendation

Student Name:

University Identification Number (UIN):

Name of MLS faculty member:

Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, I hereby authorize the faculty member identified above to release official and unofficial University of Illinois at Springfield information in a letter of recommendation, reference form, and/or telephone reference on my behalf regarding the specific information noted below (select all that apply):

- ☐ Academic performance (e.g., grades, cognitive and/or psychomotor observations)
- ☐ Personal characteristics related to employment or further education (e.g., attendance, ability to get along with others, critical thinking)
- ☐ Information specified here:

This information may be released to (select all that apply):

- ☐ Any employer
- ☐ Any graduate or professional school
- ☐ Place(s) or individual(s) specified here:

This request is for (select only one option):

- ☐ Any current and future recommendations/references
- ☐ Only this current recommendation/reference – I understand that by checking this option, I will need to submit a new, signed Request for Recommendation Form each time I request a recommendation/reference in the future.

I understand that by signing this document I am waiving any and all claims against the faculty member identified above and the University of Illinois at Springfield for any and all personal damages that arise or occur subsequent to the release of such information. I further understand that letters of recommendation, reference forms, and telephone references will not become part of my educational record – therefore, I am not entitled to review a copy of the recommendation/reference at any time in the future.

Student's Signature:

Date:

Submit request electronically to MLS faculty member email **and** mls@uis.edu