



University of Illinois at Springfield  
Office of Records and Registration  
(217) 206-6709

**REQUEST FOR LETTER OF RECOMMENDATION:**

Student Name (Please Print): \_\_\_\_\_

University Identification Number (UIN): \_\_\_\_\_

Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, I hereby authorize the following faculty/staff member to release official and unofficial University of Illinois at Springfield information in a letter of recommendation on my behalf regarding the specific information noted below.

\_\_\_\_\_  
**Name of Faculty/Staff Member**

\_\_\_\_\_  
**Specific information to be included (academic progress, employment, etc.)**

This information will be released to the individual listed below. I understand that the letter of recommendation will not become part of my education record, and therefore, I am not entitled to review a copy of this letter at any time in the future.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

I understand that by signing this document I am waiving any and all claims against the faculty/staff member listed 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.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**