# Request for 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 member to release official and unofficial University of Illinois at Springfield information in a letter of recommendation or reference form or telephone reference on my behalf regarding the specific information noted below.

## Name of ****MLS f****aculty member (please print)****:****

 Academic performance (description and/or grades for theory, laboratory, and clinical)

 Personal characteristics related to employment or further education (for example, but not limited to: attendance, ability to get along with others, critical thinking)

 Only information specified here:

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. This information may be released to:

 Any employer who contacts you

 Any graduate or professional school

 The specific place(s) or individual(s) listed here:

\_\_\_\_\_This request is for any current or future recommendation. I understand that by not checking this, I will need to send this signed form each time I request a recommendation.

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: