



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