

A.T. STILL UNIVERSITY | ATSU

Office of the Registrar
800 West Jefferson ~Kirksville, MO 63501
660.626.2356 ~ Fax 660.626.2926
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Letter of Recommendation - Permission to Release Education Record Information

Requested By (Student):

Release letter of recommendation to:

LAST NAME FIRST NAME

NAME OF RECIPIENT ORGANIZATION

ACADEMIC PROGRAM

ADDRESS

DATE

CITY, STATE ZIP

Purpose of release:

I give permission to _____ to write a letter of recommendation on my behalf and include the following information in the letter:

Grades -Yes ___ No___/ **GPA**- Yes___ No___/ **Other**—please specify_____

If an official or unofficial transcript is requested, an additional request form must be completed and the appropriate charge will be assessed.

I ___ waive ___ do not waive my right to review a copy of this letter at any time in the future.

STUDENT SIGNATURE DATE

OFFICE USE ONLY:

THIS RELEASE SHOULD BE MAINTAINED BY THE LETTER WRITER, ALONG WITH A COPY OF THE LETTER OF RECOMMENDATION.

Action taken: Completed Other:

DATE

BY WHOM