University of Utah Letter of Recommendation

Permission to Release Education Record Information

Name of Student _____ Student ID number _____

I give permission for _____ to write a letter of

recommendation on my behalf for the purpose of a scholarship application. This

letter can include the following information:

*Please check all that apply:*

           Grades           GPA           Class Rank

Please provide a written recommendation to:

           Department of Mathematics Scholarship Selection Committee
                    155 South 1400 East, JWB 233
                    Salt Lake City, UT  84112-0090

I waive my right to review a copy of this letter of recommendation now and in the future.

           Yes           No

Signature of student _____ Date _____

*Instructions for the student*: *Identify two research or academic faculty members who will complete a recommendation for you, and provide a signed Permission to Release form to each.  Submit the scholarship application form to the math department office.*

*Instructions for the author*: *Mail your signed letter of recommendation to the above address and retain a copy of this waiver for your personal files.*