

## Reference Request FERPA Release

Student ID number:	Name		
I authorize		First	Middle
Please print the purposes of  I authorize the above-named person to release information about me and provide an honest evaluation from his or her knowledge of my qualifications. This evaluation could be based upor my involvement in activities or organizations outside the classroom or my performance in his o her class(es).  This information may be released to: (Use additional forms if permissions differ for recipients)  If this person has access to my education record, I authorize him/her to provide any academic information, including but not limited to, my grades, GPA, class rank, scholarships, honors, awards, and comments from other instructors and lab assistants.  I waive / do not waive my right to review a copy of the letter at any time in the future. (Circle one)	Student ID number:		
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Student signatureToday's date		tht to review a copy of the letter at	any time in the future.
	Student signature		Today's date

The writer of the letter needs to retain this form in their files for three years.



## SANTA MONICA COLLEGE HEALTH SCIENCES REQUEST FOR LETTER OF RECOMMENDATION

Name of Student:
Program (Nursing, RT, etc.):
Date of Request:
Name of Instructor:
Check Appropriate Area: Scholarship:   Employment:   Course Recommendation:
List courses, including the semester and year, in which the above instructor supervised your performance:
List any particular attributes you would like identified in recommendation:
Recommendation addressed to:
Name & Title:
Address:
Disposition (Please check one):  Mail to address above  Mail to student's address (Student: Please verify if current address is on file.)  Hold for pick-up
Required: Attach FERPA Release Form Optional: Attach resume to identify other related areas.
Student's Signature:
Instructor's Signature
Approve RequestDeny RequestDate: