



Request/Release for Letters of Recommendation

Student Name _____ ID # _____

Student Address _____

Student Email _____

Home Phone _____ Cell Phone _____

Faculty/Staff Member(s) issuing the recommendation _____

I am requesting a letter of recommendation to be written on my behalf by the person(s) named above. I understand that any letter of reference may include the directory items which the school may legally provide, as well as information concerning the courses I have taken, my classroom and academic performance, grades and grade point average, my participation in extracurricular activities, my skills and competencies, and my abilities to interact with various members of the collegiate community. I also grant permission for representatives of Goodwin College to discuss my credentials and performance with the above named individual(s)/organization and waive my right to inspect and review the requested letter of reference. My signature below represents my consent to these conditions.

The purpose of this letter is:

_____ for college readmission/admission to selective program

_____ for employment

_____ to support scholarship application

_____ other, please describe briefly _____

Please provide the following information about the recipient of this letter: (print clearly)

Name _____

Title _____

Office or department (if part of a larger institution or business) _____

Address _____

Date letter is needed _____

My consent to the release of this information expires: _____

Student Signature _____ Date _____