



ALLEGHENY COLLEGE

Faculty Letter of Recommendation Release Form

Student Name: _____

Allegheny Student ID: _____

Faculty Name: _____

I give permission for the above named faculty member to write letters of recommendation on my behalf which may reference or include private educational information, including transcript information, GPA and specific course information, and class rank (as appropriate).

This information may be released in a letter of recommendation to the following:

Name _____

Address _____

Address _____

City _____

State _____

Zip _____

I waive the right to review the requested letter(s) of recommendation.

I do not waive the right to review the requested letter(s) of recommendation

Signature

Date

This authorization remains in effect for one calendar year from the date of signature above. Copy should be retained in file for one year beyond the expiration date.