SOUTHERN
ADVENTIST UNIVERSITY

LETTER OF RECOMMENDATION AUTHORIZATION FORM

Letters of recommendation that are made from the recommender's personal observation or knowledge do not require a written release from the student who is the subject of the recommendation. However, if the student wishes the recommender to include personally identifiable information from a student's education record (such as grades, GPA, etc.), the student must provide a signed release.

I give permission for _____ to write a letter of
Recommender

recommendation to:

_____
Name/Organization

_____
Address

_____
City, State, ZIP Code

The following information may be disclosed from my education record for the purpose of writing a letter of recommendation:

_____ Grades for any or all classes.
Initials

_____ Grade(s) for the following class(es):_____
Initials
_____
_____

_____ Grade Point Average (GPA)
Initials

_____ Class rank or percentile ranking
Initials

_____ Other:_____
Initials
_____

☐ I waive my right to review a copy of this letter at any time in the future.

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

Date:_____ Student Signature:_____