



Social Work Department
REQUEST FOR LETTER OF RECOMMENDATION

This form may be used by a student to authorize release of non-directory information from his/her educational record for purposes of a letter of recommendation, application to an educational program, institution, etc. This form should be completed and presented to the individual making the recommendation at least 30 days prior to date needed.

I hereby authorize _____
(Name of person completing the recommendation)

- TO:** Write a letter of recommendation
 Complete evaluation form (attached)
 Other (specify) _____

Send to: Name, Employer or Educational Institution: _____

Street 1: _____

Street 2: _____

City/State/Zip: _____

- For the purpose of:** Admission to Social Work Program
 Admission to another educational institution
 Employment
 Application for scholarship or honorary award
 Other (specify) _____

Recipient requires by date of: _____

I consent to the release of any information from my educational record (e.g. grades, GPA) that is deemed appropriate for purposes of the recommendation or evaluation.

Student Name: _____ MU ID# _____
(Print Name)

Student Signature: _____ Date: _____