

**Department of Speech, Language, and Hearing Sciences
University of Florida
Release for Letter(s) of Recommendation**

Instructions for Faculty: School officials may use this form when a student requests them to write a letter of recommendation. A signed release from a student is necessary to obtain written consent from the student. Student consent should include: (1) the data to be disclosed, (2) to whom the data will be disclosed, and (3) the student's signature and date.

Nondirectory information should not be included in a letter of recommendation without the student's written consent. Examples of nondirectory information include: birth date, religion, citizenship, disciplinary status, ethnicity, gender, GPA, marital status, UFID or social security number, grades/exam scores and standardized test scores.

If a letter of recommendation contains nondirectory information:

- **A written release is recommended** for recommendations sent to other educational institutions in which the student seeks to enroll, including professional school admission services.
- **A written release is required** for general letters of recommendation sent to an employer or an individual.

Instructions for Students: Complete, sign and return to the faculty member.

I give my permission to _____ to write a letter of recommendation to:
(Name of faculty member)

Name of person, business, institution or service	Address	City, State, Zip	I give my permission to include the following nondirectory information in this letter of recommendation:			I waive my right to review this recommendation letter:
			Grades	GPA	Other (Please identify)	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive

Name (please print)

Signature

Date