



Permission to Release
Non-Public Information
-Letters of Recommendation-

The Family and Educational Rights and Privacy Act of 1974 (as amended in December 1974) provides that the release of education records (or personally identifiable information therein, except for public directory information) without the written consent of the student will not be made.

In order that GVSU may comply with the law, please provide the information requested below and sign this request form.

Name _____ Student # _____
First Middle Last

Permanent Address _____
Number and Street City State Zip

Daytime Telephone Number _____ Email _____

Person permitted to release information in the form of letters of recommendation:

Name _____

Department _____

Letters of recommendation may include subjective and objective evaluations of:
Academic history, grades, character, work habits, academic potential, social skills

Person(s)/Institution(s) to receive letters of recommendation:

[Use another form to list additional recipients.]

1. _____
Name/Institution

Number and Street

City State Zip

2. _____
Name/Institution

Number and Street

City State Zip

3. _____
Name/Institution

Number and Street

City State Zip

Student Signature

Date



Letter of Recommendation Background Information Form

To request a letter of recommendation from a faculty member, please fill out a "Permission to Release Non-Public Information – Letters of Recommendation" form in addition to this form, and provide an updated copy of your résumé. All materials should be given to the faculty person from whom you are requesting letters, **including any forms that your graduate programs supplied to be used for the recommendation.**

Full Name _____ Date _____
Last First Middle

Birth Date _____ Student Number _____

Address: Permanent Current

Phone: (_____) _____ (_____) _____

Major(s): _____ Minor(s): _____

Faculty Advisor: _____

Classification: Freshman Sophomore Junior Senior Year of Graduation: _____

Overall Grade Point _____ Psychology Major Grade Point _____

GRE Scores: Verbal _____ Quantitative _____ Analytical Writing _____

Psychology Subject Test _____

What psychology courses have you completed?

Course Number	Grade	Check if course was taken with this faculty member	Course Number	Grade	Check if course was taken with this faculty member	Course Number	Grade	Check if course was taken with this faculty member

If you have taken Psychology 490 – Psychology Practicum, describe your practicum placement:

What is your life's ambition or goal?

What do you consider your strongest points to be in relationship to your goal?
List any related experiences you may have had.

Please describe any publications or research presentations in which you have participated,
including Student Scholarship Day:

Awards or honors received:

Special Skills (including computer skills), Interests, Hobbies:

Special Attributes:

Psychology Related Jobs:

Campus Involvement:

Other information you might want to have included in the letters of recommendation: