

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				
ermanent Address _						
	Number ar	nd Street		City	State	Zip
aytime Telephone N	Number					
erson permitted to	release in	formation	in the fo	rm of letters	of recommen	dation
lame						
Department						
etters of recomme cademic history, gra erson(s)/Institution [Use another form to list	ades, chara n(s) to rece	cter, work	habits, ac	ademic poter	ntial, social skill	
Name/Institution				_		
Number and Stree				_		
City		State	Zip	_		
<u>.</u>						
 Name/Institution				_		
Number and Stree				_		
City		State	Zip	_		
Name/Institution				_		
Number and Stree	 et			_		
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_		
Full Name _ I	_ast	Fi	rst	Middle				
Birth Date_			Stude	ent Numb	er			
Address:	<u>Pe</u>	ermanent				<u>Cu</u>	<u>rrent</u>	
Phone: ()			_	()		
Major(s):				Mir	nor(s):			
Faculty Adv	isor:							
Classification	n: Freshr	man Sop	homore J	lunior Se	enior Y	ear of Grad	luation: _	
Overall Gra	de Point _			Psycho	logy Majo	or Grade Po	oint	
GRE Scores	s: Verbal _		Quantita	ative	A	Analytical W	/riting	
	Psychol	logy Subje	ect Test		_			
What psych	ology cour	ses have	you compl	eted?				
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 Skills (including computer skills), Interests, Hobbies: Special Attributes:
Special Attributes: