



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 _____

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

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: