



Conemaugh Memorial Medical Center
Conemaugh School of Nursing

Authorization for Letter of Recommendation

Letters of recommendation which are made from the recommender’s personal observation or knowledge do not require a written release from the student who is the subject of the recommendation. However, if the student wishes the recommender to include personally identifiable information from the student’s education record (such as grades, GPA, etc.), the student must provide a signed release.

This form may be used by a student to authorize release of non-directory information from his/her education record for purposes of a letter of recommendation. For each request, this form should be completed and presented to the individual making the recommendation.

I hereby authorize _____ to write a letter of recommendation on my behalf for the purpose of (check all that are applicable):

- Application for employment
- All forms of scholarship or honorary award
- Admission to another education institution
- Other (specify) _____

Send to:

Name/Organization _____

Address _____

City, State, Zip _____

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

Note: Under the Family Educational and Privacy Rights Act, you may, but are not required to, waive your right of access to confidential references. If you waive your right of access, the waiver remains valid indefinitely.

Select One:

- I WAIVE my right of access to review this letter at any time in the future.
- I DO NOT WAIVE my right of access to review this letter at any time in the future.

Student Name: _____
Print full name

Student ID: _____

Student Signature: _____ Date: _____

Instructions to Student: Identify faculty or staff members who will complete a recommendation for you, and provide this signed form to each.

Instructions to the Author: Mail your signed letter of recommendation to the above address and retain a copy of this waiver for your files.