



University of Utah Letter of Recommendation Permission to Release Education Record Information

Office of the Registrar 201 S 1460 E, Room 250N Salt Lake City, UT 84112-9056 (801) 581-5808 Fax: (801) 585-7860

Student Name: _____

Student ID Number: _____

I authorize _____ to write a letter of recommendation on my behalf to:

Recipient Name	
Address	
Phone number	
Email	

The following information may be included in the recommendation letter (mark all that apply):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Courses Attended |
| <input type="checkbox"/> GPA | <input type="checkbox"/> Academic Performance |
| <input type="checkbox"/> Class Rank | <input type="checkbox"/> Other: _____ |

Check one: I waive I do not waive my right to review a copy of the letter at any time in the future.

Student Signature

Date

Note: please assist the faculty member in preparing your reference by providing supporting information along with your request. Examples of information that might be helpful: a resume, a transcript, samples of previously completed academic work, etc. and information about the graduate program or position for which you are applying.

This form is being provided to assist you and your faculty in the permission process for student recommendations and references. The form has been drafted using the sample letter provided by the American Association of Collegiate Registrars and Admissions Officers (AACRAO) and complies with the Family Educational Rights and Privacy Act (FERPA) which requires written permission before releasing student information to a third party.

It is recommended that this release be kept on file for at least one (1) year. If you have questions concerning the confidentiality and release of student information, please contact the Registrar's Office at (801) 585-1735 or by email at registrar@sa.utah.edu.

UNIVERSITY OF UTAH
RECOMMENDATION FORM

DEADLINE: VARIES

For Leadership, Diversity, Departmental, and Transfer Scholarships

To the applicant: Please complete the top section only and give this form to a teacher, adviser, counselor, principal, or someone who is aware of the probability of your success in your chosen course of study at the University of Utah. Please ask that person to send the completed form to the appropriate address you mark below. **Photocopy this form for additional recommendations.**

I am applying for a **leadership and/or diversity scholarship**. Please send the completed form to the University of Utah, Financial Aid and Scholarships Office, 201 S. 1460 E., Rm. 105, Salt Lake City, UT 84112-9055, **by: February 1** (for freshmen) or **April 1** (all other applicants).

I am applying for a **departmental scholarship**. Please send the completed form to the following address by _____
(Fill in the address and deadline specified by the department of your major.) _____

Please type or print:

I. Student Information. To be completed by the applicant.

Name _____ Soc. Sec. No. _____

Address _____

Phone (____) _____

High School/College Attended _____ Grad. Date _____

Cum. GPA _____ Class Rank/Class Size _____ ACT/SAT Scores _____

I waive ___ do not waive ___ my right to have access to this completed *Recommendation Form* and any attachments.

Student Signature _____ Date _____

*Please refer to the Privacy Act Notice on Page 1 of this publication.

II. Evaluation Form. To be completed by the individual providing the recommendation and to be sent before the specified deadline to the address marked above by the applicant.

	Outstanding	Excellent	Good	Average	Below Average	No Knowledge	General Comments
1. Maturity							
2. Independent Thinking							
3. Self Motivation							
4. Commitment							
5. Responsibility							
6. Leadership							
7. Judgment							
8. Creativity							
9. Analytical Thinking							
10. Communication Skills							

Some gifted individuals have mediocre scholastic records. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of scholastic ability? Yes ___ No ___ No Knowledge ___.

Evaluator's Signature _____ Date _____

Position _____ School/Institution _____

Address _____

Phone (____) _____