

**Department of Civil Engineering
Southern Illinois University Edwardsville**

**AUTHORIZATION TO RELEASE INFORMATION OR REQUEST
FOR LETTERS OF RECOMMENDATION**

TO: _____
(Name of University Official and Department)

Please:

- _____ Write a letter of recommendation
- _____ Complete evaluation form
- _____ Release information verbally
- _____ Other (please specify) _____

To:

- _____ All potential employers
- _____ Any educational institution
- _____ Only to (please specify) _____

For the following purpose:

- _____ Employment
- _____ Admission to an educational institution
- _____ Other (please specify)

I authorize you to consult my educational record at Southern Illinois University Edwardsville to reveal such information from my educational record, as you consider appropriate for the purpose(s) stated above.

I waive/do not waive (circle one) my right to see the recommendation or other information prepared pursuant to this release.

Print Name _____

Signature _____

Student ID _____

Date _____