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 ______________________________________________________