

Instructions for Faculty and Staff: This form may be used when a student requests you, as a school official, to write a letter of recommendation. A signed release is necessary to document written consent from the student. Student consent should include: (1) a description of the information to be disclosed, (2) to whom the information will be disclosed, and (3) the student's signature and date.

. If a letter of recommendation contains **non-directory information**;

- **A written release is recommended** for letters sent to other educational institutions in which the student seeks to enroll, including professional school admission services.
- **A written release is required** for general letters of recommendation sent to an employer or for any other purpose.

Examples of non-directory information include: disciplinary status, GPA, UFID or social security number, grades/exam scores and standardized test scores.

Instructions for Students: Complete, sign and return to the faculty or staff member.

I give my permission to _____ (Faculty or Staff Member Name) to write a letter of recommendation and/or to provide an oral reference to:

- All persons or entities listed here: _____.

I give my permission for _____ (Faculty or Staff Member Name) to include the following non-directory information in this letter of recommendation or oral reference:

- Any information on my UF transcript including my grades and courses taken.
- Any information on the attached curriculum vitae or résumé.
- Any information included in my attached personal statement.
- Any educational and other records to which the recommender has (or has had) access in making academic and/or employee evaluations and decisions, (including but not limited to examinations, essays, terms papers, teaching evaluations, graduate committee evaluations, and so forth.)
- Other (please specify)

I hereby

- Waive
- Do Not Waive

my right to review this recommendation letter or to know the contents of any oral communication .

Student's Name (*please print*) _____ UFID: _____

(Optional) Student's Phone: _____ Student's Email: _____

Student's Signature: _____ Date: _____

Return to: Office of the University Registrar via the Secure Document Upload at <https://registrar.ufl.edu/forms>
Office of the University Registrar, PO Box 114000, Gainesville, FL 32611-4000