University of Utah Letter of Recommendation

Permission to Release Education Record Information

Name of Student _____ Student ID number _____

I give permission for _____ to write a letter of

recommendation on my behalf for the purpose of a scholarship application. This

letter can include the following information:

Please check all that apply:

      Grades   GPA   Class Rank

Please provide a written recommendation to:

Department of Mathematics Scholarship Selection Committee
155 South 1400 East, JWB 233
Salt Lake City, UT 84112-0090

I waive my right to review a copy of this letter of recommendation now and in the future.

      Yes   No

Signature of student _____ Date _____

Instructions for the student: Identify two research or academic faculty members who will complete a recommendation for you, and provide a signed Permission to Release form to each. Submit the scholarship application form to the math department office.

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