

WILLAMETTE UNIVERSITY

Office of the Registrar

Please fill out the following form and submit to BOTH the Registrar and the University Recommender (faculty, staff, administrator).

Student ID _____

Last Name _____ First Name _____

I have asked (Name of Recommenders) _____

_____ for a recommendation. This recommendation will be used for the following (check all that apply):

- Graduate School Applications Internship/Apprenticeships Scholarships
 Professional (Job Search) Fellowships Grant Applications

Please list ALL specific institutions, committees, or opportunities where the recommendation will be used.

I authorize the release of the following information for the purposes of the aforementioned recommendation:

- Graduation Date (including anticipated) Degree confirmed
 Classes and classroom experiences Co-Curricular experiences
 Major/emphasis Internship experiences
 Minor On campus student employment
 Honors & Awards Disciplinary Record retrieved from the Offices of the Dean and Student Affairs
- ALL OF THE ABOVE
 Other (please describe): _____

I hereby grant authorization to Willamette University to release my above referenced education records to the parties listed on this form. It is my understanding that the party to whom the education record information is released may not disclose that information to any other party without my written consent. I understand that unless marked for single use this release is effective until revoked by me, either in person or by signed request to the Registrar's Office.

- Single Use Continuous Use

Student Signature _____ Date _____