Lafayette College
Authorization to Release Information or Request for Letter of Recommendation

TO: _____
(Name of College Official and Department)

(CHECK ALL APPLICABLE AREAS)
Please ___ write a letter or recommendation
___ complete evaluation form
___ release information verbally
___ other(specify) _____

(CHECK ALL APPLICABLE SPACES)
TO: ___ all potential employers
___ any educational institution
___ only to the following _____
(specify)

(CHECK ALL APPLICABLE SPACES)
For the following purpose: ___ employment
___ admission to an educational institution
___ all forms of scholarship or honorary award
___ other _____
(specify)

I authorize you to consult my educational record at Lafayette College and to reveal such information from my educational record, as you consider appropriate for the purpose stated above, including information pertaining to my education at other institutions I have previously attended which is a part of my education records at Lafayette.

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

Name (print)_____

Signature_____

Student ID Number_____

Date_____