



Letter of Recommendation Academic Information Release

^ š μ v š [• E u W _____ Class Year: _____
(Print Clearly) (First, M.I., Last)

Major(s): _____ Minor(s): _____

I, the undersigned, do hereby authorize the following Wabash College faculty, staff, or committee to use and release information pertaining to my education record about my grades, GPA, class rank, and _____ provide my academic information to the faculty, staff, or committee listed below for the purpose of writing this Letter of Recommendation. I understand that it is my responsibility to provide any additional forms that are required to accompany the Letter of Recommendation.

Faculty/Staff/Committee:

- 1. _____ 2. _____

Letter of Recommendation Recipient and Mailing Address:

- 1. _____ 2. _____

_____ I waive my right to review a copy of the Letter of Recommendation in the future.

_____ I do not waive my right to review a copy of the Letter of Recommendation in the future.

