

**SONOMA STATE UNIVERSITY
SCHOOL OF SCIENCE AND TECHNOLOGY
HEALTH PROFESSIONS ADVISORY PROGRAM**

STUDENT REQUEST FOR LETTER OF RECOMMENDATION

Name of Student: _____

I authorize the following release of information about my Sonoma State University student records:

Person you are requesting write the recommendation letter: _____

Name and address of the person or organization to which the information will be released:

Purpose of the letter of recommendation

- Employment Recommendation
 Recommendation for admission to another university or to Sonoma State University program
 Scholarship recommendation
 Other (please specify) _____

Records that may be disclosed (check as many as appropriate)

- Any transcript information
 Major and degree sought
 GPA and specific course information
 Other (please specify) _____

I request that the faculty member or other University employee named above write a letter of recommendation to the person or organization named above. I grant permission to include my grades, GPA, class rank and other information concerning my performance as a student.

I waive my right to review a copy of this letter at any time in the future

I do not waive my right to review a copy of this letter any time in the future

Signature of student: _____

Date signed: _____

