

# Request for Letter of Recommendation or Reference



- Submit one original of this form AND the completed and signed **FERPA Release/Release of Liability** for EACH faculty member from whom you are requesting a letter of recommendation/reference.
- Attach a current resume and any additional information to this form (e.g., education and career goals, participation in student organizations, honors, awards, certifications, special interests – any information that helps someone write a strong letter of recommendation/reference.
- Remember that faculty need at least a full week to accommodate your request. Be sure to submit your **Request for Letter of Recommendation or Reference** and your **FERPA Release/Release of Liability** forms well in advance of your application deadlines.

<b>STUDENT INFORMATION:</b>			
Your Name:		E-Mail:	
UA ID:	Major:	Minor:	
Attend: <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Cumulative GPA in major:	Number of years at UAA:	

<b>FACULTY INFORMATION:</b>	Professor's Name:
Courses taken from this professor (include semesters):	

Date of Request: _____ Date Needed: _____	<b>OFFICE USE ONLY</b>
<b>What do you want done with the letter when it is completed?</b> <input type="checkbox"/> Mail directly to address I've provided <input type="checkbox"/> <del>Email to me as an attachment</del> <input type="checkbox"/> I will pick up in-person <input type="checkbox"/> Special instructions are attached	Completed by: _____
<b>To whom should this letter be written?</b> Contact Name: _____ Company/Organization Name: _____ Mailing Address: _____	Date: _____ <input type="checkbox"/> Copy in student file
<b>Purpose of letter?</b> <input type="checkbox"/> Financial Aid/Scholarship <input type="checkbox"/> Job Application <input type="checkbox"/> Grad School Application Other: _____	

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<b>ATTACH to this form:</b> <input type="checkbox"/> Completed, signed, and dated <b>FERPA Release/Release of Liability Form</b> (one for EACH letter you request) <input type="checkbox"/> Current resume <input type="checkbox"/> Any additional/background information <input type="checkbox"/> Any special instructions for mailing or delivering letter(s)
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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date