REQUEST FOR LETTER OF RECOMMENDATION
WRITTEN BY AN INDIVIDUAL FACULTY MEMBER OR
ACADEMIC ADVISOR

Student ID#: ____________________________________________________________

Name: __________________________________________________________________
Last First Middle

Name used at the University (if changed)

Address: __________________________________________________________________
Street
City State Zip Code

Day Phone: ______________________ Home Phone: ____________________________

E-mail: ___________________________________________________________________

☐ Current Student ☐ Not Current Student Last Attended UR: ____________________________
Degree Received (degree/date) if applicable: ____________________________

☐ I hereby authorize __________________________________________ (Print name of individual) to write a letter of
reference/recommendation detailing my academic progress and history, including GPA, Class Ranking,
Recognitions, and/or Research Endeavors.

☐ Mail to: ____________________________________________ ☐ Issued in Sealed Envelope(s)

Deadline for submission of letter: ____________________________

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

Student's Signature ______________________________________________________

Privacy Act: All requests require an original signature of the student.

Date ____________________________

YOU NEED TO PROVIDE A COPY OF THIS FORM TO EACH INDIVIDUAL FACULTY MEMBER OR
ACADEMIC ADVISOR FROM WHOM YOU ARE REQUESTING A LETTER.