



# Wallace State Community College—Hanceville

## RELEASE OF INFORMATION FORM Letter of Recommendation

In compliance with the Family Educational Rights and Privacy Act (FERPA), the policy of WSCC is to refuse to grant third party access to student records without the written consent of the individual student. Any consent given must include the specific records to be released or reviewed and the names of the individuals to whom the information may be released. If you wish to grant permission for your records to be reviewed, please complete the form below.

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

### I request the following records be released:

\_\_\_ All of my student records (such as GPA, financial aid, attendance, leadership roles, disciplinary, etc.)

\_\_\_ Other (specify) \_\_\_\_\_

### Purpose of Release

\_\_\_ Letter of Recommendation

\_\_\_ Other (specify)

### To whom should student letter of recommendation be released/addressed?

Name

Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I do  do not  waive access to this letter.

I do  do not  want this letter forwarded to the party listed above.

**\*\*This is a two-sided form, please complete reverse side as well\*\***

## Request for Letter of Recommendation

For a letter of recommendation, please provide a current resume, a copy of your transcripts, and the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of scholarship/position: \_\_\_\_\_

When we first met: \_\_\_\_\_

Areas of strength, broken down into:

Knowledge: \_\_\_\_\_

Skills: \_\_\_\_\_

Attitude (strong beliefs): \_\_\_\_\_

Areas of weakness divided into:

Knowledge: \_\_\_\_\_

Skills: \_\_\_\_\_

GPA: \_\_\_\_\_

Work experience during school/summers: \_\_\_\_\_

Clubs/Organizations/Dean's and/or President's List: \_\_\_\_\_

\_\_\_\_\_

Community involvement/service learning/volunteer work: \_\_\_\_\_

Anything specific about which you want me to comment: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, do hereby request that \_\_\_\_\_ write a letter of recommendation for me. I, \_\_\_\_\_, also give consent for \_\_\_\_\_ to look at my school records and transcripts for the use of composing a letter of recommendation.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**\*\*This is a two-sided form, please complete reverse side as well\*\***