Office of the Registrar

6965 Cumberland Gap Pkwy., DAR 102

Harrogate, TN 37752

(423)869-6434

**Letter of Evaluation Release**

*This form should be completed by any student requesting a faculty or staff member to write a letter of evaluation/recommendation or serve as a reference.*

|  |
| --- |
| **Student Name:** Click here to enter text. **Student ID Number:** Click here to enter text.**LMU email address:** Click here to enter text. |

I understand that a letter of evaluation/recommendation or an oral reference may contain non-directory personally identifiable information. I give permission to Click here to enter name to disclose the information indicated below in the form of a letter of evaluation/recommendation and/or to provide an oral reference to:

**Name of Person/Entity:** Click here to enter Name of Person/Entity

**Address/Email Address of Person/Entity:** Click here to enter Address/Email Address

I give permission to release *only* the information indicated below:

[ ]  academic records (transcripts, grades, GPA, class attendance)

[ ]  student employment records

[ ]  disciplinary records

[ ]  all records

[ ]  other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby** [ ]  Waive [ ]  Do Not Waive **my right to review the letter of evaluation/recommendation.**

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This form should be signed and returned to the faculty or staff member prior to the writing of a letter of evaluation/recommendation or serving as a reference.*