



REQUEST for LETTER OF RECOMMENDATION or REFERENCE

Faculty members are not obligated to write letters of recommendation or reference.

Before completing this form you ***must*** contact the faculty member to ask if she/he is willing to write a letter of recommendation on your behalf.

Directions:

A minimum of 30 (thirty) days before letters of recommendations are due:

- ❖ Contact each faculty member to ask if she/he is willing to write a letter of recommendation on your behalf.
- ❖ Submit a separate packet with all forms completed and signed to EACH faculty member from whom you are requesting a letter of recommendation/reference.
- ❖ For more than 3 letters from the same faculty member, copy page 2 and attach it to this packet.
- ❖ Pages 1, 2, & 3 must be filled out completely. **All writing, including signature on page 3, must be legible.**
- ❖ Attach to this packet a current resume, and any additional information (your education and career goals, membership(s) in UAA student organizations, honors, awards, certifications, special interests, and any other information that would be helpful in writing your recommendation/reference).

Checklist for attachments:

- Completed, signed and dated "Request for Letter and FERPA and/or Release of Liability" forms.
- Current resume.
- Additional information, if any.
- Addressee's special instructions, if any.
- GRE, MCAT, or LSAT scores, if requested by faculty member.



REQUEST for LETTER OF RECOMMENDATION or REFERENCE

STUDENT INFORMATION:

Student Name _____

UA ID _____ UAA E-Mail Address _____

Major _____ Minor _____

Have core courses been completed? YES NO

I attend UAA: Full-time Part-time Cumulative GPA: _____

Number of years at UAA: _____

FACULTY INFORMATION:

Faculty Member's Name: _____

List courses taken with this person:

_____	_____	_____ / _____	_____
Year	Semester (Fall, Spring or Summer)	Course # / Section #	Grade
_____	_____	_____ / _____	_____
Year	Semester (Fall, Spring or Summer)	Course # / Section #	Grade
_____	_____	_____ / _____	_____
Year	Semester (Fall, Spring or Summer)	Course # / Section #	Grade
_____	_____	_____ / _____	_____
Year	Semester (Fall, Spring or Summer)	Course # / Section #	Grade
_____	_____	_____ / _____	_____
Year	Semester (Fall, Spring or Summer)	Course # / Section #	Grade

You may make up to 3 (three) requests of the same instructor.

Request 1

Request Date: _____ Date Needed: _____ Send To: _____

How to Send: Pick Up USPS mail E-Mail Fax Special Instructions Attached

Send To: _____

Organization or Institution: _____

Mailing address: _____

Purpose (Check all that apply): Financial Aid Job Application Grad School
Special Event (attach information) Other (attach information)

Request 2

Request Date: _____ Date Needed: _____ Send To: _____

How to Send: Pick Up USPS mail E-Mail Fax Special Instructions Attached

Send To: _____

Organization or Institution: _____

Mailing address: _____

Purpose (Check all that apply): Financial Aid Job Application Grad School
Special Event (attach information) Other (attach information)

Request 3

Request Date: _____ Date Needed: _____ Send To: _____

How to Send: Pick Up USPS mail E-Mail Fax Special Instructions Attached

Send To: _____

Organization or Institution: _____

Mailing address: _____

Purpose (Check all that apply): Financial Aid Job Application Grad School
Special Event (attach information) Other (attach information)



FERPA RELEASE AND RELEASE OF LIABILITY

Student Name: Student ID #:

I request that (Print Faculty Member's First and Last Names) serve as a reference for me.

The purpose(s) of the reference are: (check all applicable spaces)

- Application for employment
All forms of scholarship or honorary award
Admission to another education institution
Admission to graduate school (UAA or Other)

The reference may be given in the following forms(s): Written Oral Electronic (Check all that apply)

I authorize the above named person to provide an evaluation of any aspects of my academic performance, whether based on personal observation or on my education records at the University of Alaska, and to release information from my education records, including my grades, GPA, class rank, disciplinary actions, any information pertaining to my education at other institutions I have previously attended, and any other personally identifiable information whether or not contained in my education records. I authorize release of this information and reference or evaluation to (check all applicable spaces):

- All prospective employers OR
Specific employers (supply name and address on the recommendation/reference request form)
All educational institutions to which I seek admission OR
Specific educational institutions (supply name and address on the recommendation/ reference request form)
All organizations considering me for an award or scholarship OR
Specific organizations (supply name and address on the recommendation/reference request form)

I understand that under the Family Educational Rights and Privacy Act, 20 USC 1232g:

- (1) I have the right not to consent to the release of my education records.
(2) I have the right to receive a copy of any written reference upon request.
(3) I may, but am not required to, waive my right of access to confidential references given for any of the purposes listed above.
I waive my right of access to references given by the above named person.
I do not waive my right of access to references given by the above-named person.

This consent shall remain in effect until revoked by me, in writing, and delivered to the above-named person, but any such revocation shall not affect disclosures made prior to the person's receipt of my written revocation.

"I release the University of Alaska, its current or former board members, officers, directors, agents, employees and the person(s) providing the above described reference or evaluation from all claims and liability for damages that may result from their compliance with this request."

Student Signature: Date: