

Student Consent for Letter of Recommendation Form

DIRECTIONS: Please complete this form, save it as a PDF, and email as an attachment to RESURegistrar@resu.edu from your ResU email account *only*. This form will not be accepted from your personal email.

First Name:

Last Name:

DOB (mm/dd):

ResU email:

If you do not have a ResU email, please contact the Office of the Registrar at 773.235.5708

Phone:

Program:

I hereby authorize (name of faculty/staff member) _____ to provide a letter of recommendation with the following information:

Check all that apply:

GPA

Grades

Courses and clinicals attended

Academic performance

If the faculty/staff member is to send the recommendation letter to a third party, please indicate the recipient's contact information.

Name:

Address:

Email:

By checking this box and submitting this form from my Resurrection University email account, I give Resurrection University permission to release the specific information to the individual or party listed above. I understand that this information is one time only and is valid for the specific purpose of my letter of recommendation. I understand that should I need future letters of recommendation, I will need to complete another consent form. I understand that this information will remain on record for at least one year. If I choose to cancel this authorization, I will notify the Office of the Registrar. Resurrection University is not responsible for the release of any of the above information.