

NDNU Faculty Letter of Recommendation Request/Waiver Form

I give permission for _____ to write a letter of recommendation to:

In accordance with FERPA, I grant this individual permission to include information pertaining to my academic and educational records, including but not limited to grades, GPA, disciplinary records and evaluations.

I **waive / do not waive** (circle one) my right to review a copy of this letter, should retained/archived copies be made available to me.

Signature	Printed Name	Date
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Note: Please complete one form for each letter requested.