



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

Honors College

Letter of Recommendation Request and FERPA Release

Student Name: _____

Email: _____

Phone: _____

I give Dr./Ms./Mr. _____ permission to use any and all academic information resulting from my completion of any of his/her courses and/or other work performed under his/her direction in his/her letters of recommendation/evaluation on my behalf. Academic information may include (but may not be limited to): grades, attendance, participation, class rank, and standardized test scores. I also agree to waive my right to view any letter of recommendation/evaluation prepared on my behalf by Dr./Ms./Mr. _____.

Student Signature: _____ Date: _____

Courses/work completed with Dr./Ms./Mr. _____:

_____ Semester: _____

_____ Semester: _____

_____ Semester: _____

Organization(s) for which letters are requested:

