

Department of Civil Engineering

Southern Illinois University Edwardsville

Authorization to Release Information or Request for Letters of Recommendation

To\*: \_\_\_\_\_

(Name of University Official and Department)

Please:

- \_\_\_\_\_ Write a letter (or email) of recommendation
- \_\_\_\_\_ Complete an evaluation form
- \_\_\_\_\_ Release information verbally
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

To:

- \_\_\_\_\_ All potential employers
- \_\_\_\_\_ Any educational institution
- \_\_\_\_\_ Only to (please specify): \_\_\_\_\_

For the following purpose:

- \_\_\_\_\_ Employment
- \_\_\_\_\_ Admission to an educational institution
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

I authorize you to consult my educational record at Southern Illinois University Edwardsville to reveal such information from my educational record as you consider appropriate for the purpose (s) stated above. This authorization will be effective immediately and shall remain effective for two years. I understand that I may withdraw this consent at any time by contacting the Civil Engineering Department in writing.

I waive/do not waive (**circle one**) my right to see the recommendation or other information prepared pursuant to this release.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Student ID \_\_\_\_\_

Date \_\_\_\_\_

\*Write names of authorized faculty or write "All CE faculty".