TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

Release for Letter of Recommendation Form

Instructions for Faculty: School officials may use this form when a student requests them to write a letter of recommendation. A signed release from a student is necessary to obtain written consent from the student. Student consent should include:
(1) Data to be disclosed
(2) To whom the data will be disclosed
(3) Student's signature and date
(4) Retain this completed form in your files

Nondirectory Information should not be included in a letter of recommendation without the student's written consent. Examples of nondirectory information include: religion, citizenship, disciplinary status, ethnicity, gender, GPA, marital status, College ID number, social security number, grades/exam scores and standardized test scores.

If a letter of recommendation contains nondirectory information:

- A written release is recommended for recommendations sent to other educational institutions in which the student seeks to enroll, including professional school admission services.
- A written release is required for general letters of recommendation sent to an employer or an individual.

Instructions for Students: Complete, sign, and return to the faculty member.

I give my permission to _____to write a letter of recommendation to:
(Name of Faculty Member)

_____
(Name of person, business, institution or service)

_____
(Address)

_____
(City, State, Zip)

I give permission to include the following nondirectory information in this letter of recommendation:

☐ Grades ☐ GPA ☐ Other (please identify)_____

I waive my right to review this recommendation letter:

☐ I waive ☐ I do not waive

_____
Name (please print)

_____ _____
Name (signature) Date