

## Office of the Registrar

Please fill out the following form and submit to BOTH the Registrar and the University Recommender (faculty, staff, administrator).

Student ID \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_

I have asked (Name of Recommenders) \_\_\_\_\_  
\_\_\_\_\_ for a  
recommendation. This recommendation will be used for the following (check all that apply):

- Graduate School Applications     Internship/Apprenticeships     Scholarships  
 Professional (Job Search)     Fellowships     Grant Applications

Please list ALL specific institutions, committees, or opportunities where the recommendation will be used.

I authorize the release of the following information for the purposes of the aforementioned recommendation:

- Graduation Date (including anticipated)     Degree confirmed  
 Classes and classroom experiences     Co-Curricular experiences  
 Major/emphasis     Internship experiences  
 Minor     On campus student employment  
 Honors & Awards     Disciplinary Record retrieved from the Offices of  
the Dean and Student Affairs
- ALL OF THE ABOVE  
 Other (please describe): \_\_\_\_\_

I hereby grant authorization to Willamette University to release my above referenced education records to the parties listed on this form. It is my understanding that the party to whom the education record information is released may not disclose that information to any other party without my written consent. I understand that unless marked for single use this release is effective until revoked by me, either in person or by signed request to the Registrar's Office.

- Single Use     Continuous Use

Student Signature \_\_\_\_\_ Date \_\_\_\_\_