

Letter of Recommendation

Permission to Release Education Record Information

Office of the Registrar

101 Bresee Hall Hartwick College Oneonta, NY 13820 Tel: 607-431-4460; Fax: 607-431-4260

For office use only:
Received:
Processed:

Please submit this form to the individual writing the Letter of Recommendation. When Recommendation has been completed, please return this form to the Office of the Registrar.

Student Name:	Hartwick ID #:
Email address:	Phone (in case of questions):
Graduation Date:	Submit Date:
I authorize(Last na	to write a letter of recommendation on my behalf to:
You are re	esponsible for the correct, complete, and legible address
Recipient Name	
Address	
Phone Number	
Email Address	
The following information may be included	l in the recommendation letter (check all that apply):
☐ Grades	☐ Academic Performance
☐ GPA	☐ Other:
☐ Courses Attended	
Check one: I waive / I do not wai	ive my right to review a copy of the letter at any time in the future.

NOTE: please assist the individual writing the recommendation by providing supporting information along with your request. Example of information that might be helpful: a resume, a transcript, samples of previously completed academic work, etc. and information about the graduate program or position for which you are applying.

This form is being provided to assist you in the permission process for student recommendation and references. The form has been drafted using the sample letter provided by the American Association of Collegiate Registrars and Admissions Officers (AACRAO) and complies with the Family Educational Rights and Privacy Act (FERPA) which requires written permission before releasing student information to a third party.

This release will be kept on file for one year. If you have questions concerning confidentiality and release of student information, please contact the Registrar's Office at (607)-431-4460 or by email at registrar@hartwick.edu.