



Shoreline Community College Letter of Recommendation

Permission to Release Education Record Information

Name of Student _____ Student ID Number _____

I give permission for _____ to write a letter of

recommendation on my behalf for the purpose of _____ .

This letter can include the following information:

Please check all that apply

- Grades GPA Overall participation/contribution

Please provide a written recommendation to:

I waive my right to review a copy of this letter of recommendation now and in the future.

- Yes No

Signature of Student _____ Date _____

Instructions for author: Retain this waiver for your records or forward it to Enrollment & Financial Aid Services.