

The University of Georgia  
Department of Communication Sciences and Special Education

**Student Request for Letters of Recommendation**

Student name:	Student local phone:
Student current address:	
Student local phone:	Email:
Letters of recommendation requested from:	
GPA:	

Courses you have taken from this faculty member:

Course	Semester	Grade

Other experiences or interactions you have completed with this faculty member (remind us of everything):


Please attach a copy of your resume, if you have one. If you do not have a formal resume, attach a list of your activities and experiences that you believe would be relevant for someone writing a letter of recommendation on your behalf.

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**Permission to Release Education Record Information**

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
Student Name: First Middle Last (please print) Faculty Member Name

to release the following education record information (check all that apply):

<input type="checkbox"/> GPA	<input type="checkbox"/> Class Ranking	<input type="checkbox"/> Other – Describe:
<input type="checkbox"/> Grades in individual courses	<input type="checkbox"/> None of the above	

to the following (include full name and address):


For the purpose of:

**Student Signature:**

**Date:**