

ILLINOIS STATE  
UNIVERSITY



*Office of the University Registrar*

First Floor Moulton Hall  
Campus Box 2202  
Normal, IL 61790-2202  
Telephone: (309) 438-2188  
[www.registrar.ilstu.edu](http://www.registrar.ilstu.edu)

**FERPA Waiver – Letter of Recommendation**

I give permission to \_\_\_\_\_ (Print Name/Entity) to write a letter of recommendation that includes my grades, GPA and class rank to:

\_\_\_\_\_ (Name/Entity)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (E-mail)

I waive my right to review a copy of this letter any time in the future.

I do not waive my right to review a copy of this letter any time in the future.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

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

\_\_\_\_\_  
Date

Completed form may be sent to the Office of the University Registrar, Campus Box 2202 or must be retained by faculty for five years.