

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

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.