

## Department of Agricultural & Technology Education

## **Consent Form** For a single letter of recommendation

I give my permission to \_\_\_\_\_(MSU school official) to write a letter of recommendation to (name, title, and complete mailing address of recipient):

Name:	
Title:	
Organization:	
Mailing Address:	
City, ST, ZIP:	

I give permission to include my grades, GPA, courses taken, and any other information from my academic transcript.

Check the box next to the appropriate sentence below (check only ONE box)

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

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

Student Signature:

Printed Student Name:

Student NetID:

Date: \_\_\_\_\_

Note: Statements in a recommendation that are based on the faculty member's personal observations about a student do not require a written release from the student. Directory information may be included in a recommendation unless the student has requested non-disclosure of directory information. MSU directory information is published in the MSU Catalog and Office of the Registrar section online.

School officials should retain a copy of this permission form.