WASHINGTON AND LEE
UNIVERSITY

I, _____, give permission for my professor, _____,
printed student name specific instructor's name
to write a letter of recommendation (which may include grades and GPA information) to:

_____

_____

_____

I (circle one) **waive** **do not waive** my right to review a copy of this letter at any time in the future. I understand my rights under the Family Educational Rights and Privacy Act and the University's *Student Education Records Guidelines*. (*http://registrar.wlu.edu/policies/ferpa.htm*)

Student's signature _____ Date _____

Return this form to the faculty member named above.