

Shoreline Community College Letter of Recommendation

Permission to Release Education Record Information

Name of Student	Student ID Number
I give permission for	to write a letter of
recommendation on my behalf for the purpose of	·
This letter can include the following information	on:
Please check all that apply	
□ Grades □ GPA □ Overall par	ticipation/contribution
Please provide a written recommendation to:	
I waive my right to review a copy of this letter of recon	nmendation now and in the future.
□ Yes □ No	
Signature of Student	Date

Instructions for author: Retain this waiver for your records or forward it to Enrollment & Financial Aid Services.

Shoreline Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, gender, sexual orientation or disability.