



CALIFORNIA NORTHSTATE UNIVERSITY

Letter of Recommendation Request

Office of the Registrar
9700 West Taron Drive | Elk Grove, CA 95757
916-686-7400 | Registrar@cnsu.edu

INSTRUCTIONS Save this PDF to your computer, open using Adobe Reader, complete, print, sign & submit to the recommender.

Family Educational Rights and Privacy Act (FERPA) requires the University to collect the student's written consent to release non-directory information (e.g. grades, rank, GPA, academic performance, etc.) from a student's education record. This form may be used to authorize the release of information for the purposes of a letter of recommendation, application to an educational institution, scholarship application, employment, etc. Students may also waive their

right to review the letter of recommendation. The waiver is permanent and may not be withdrawn.

To the student: This form should be completed and presented to the individual from whom you are requesting the recommendation.

To the recommender: This form must be fully completed and include the student's signature. It is recommended that you keep this form on file for at least one (1) year.

STUDENT INFORMATION

Student Name: _____
First Middle Last
Student ID #: _____ Class of: _____ College (check one): ☐ CDM ☐ CHS ☐ COM ☐ COP ☐ MHA ☐ MPS
☐ PSY

AUTHORIZATION INFORMATION

I authorize _____
(Specify name of Professor or University Official)

To: ☐ Write letter of recommendation ☐ Complete Attached Evaluation form
☐ Other (specify): _____

Include: ☐ Grades for course ☐ Grade Point Average (GPA will be verified with Office of the Registrar.)
☐ Class Rank ☐ Courses Attended ☐ Academic Performance
☐ Other (specify): _____

Send To: Name, Employer, Institute, or agency: _____

Address: _____ City, State ZIP: _____

Email: _____ Phone: _____

For the purpose of:

☐ Admission to a university/college/professional institute ☐ Employment
☐ For an application for a scholarship or honorary award
☐ Other (specify): _____

Specify date (month/day/year) Letter of Recommendation is needed by: _____

CONSENT & WAIVER OPTION

In signing below, I consent to the release of the information as listed by the person listed above.

Check one: ☐ I waive ☐ I do not waive my right to review a copy of the letter at any time in the future.

Student's Signature _____ Date _____

FACULTY: Please keep in your records for at least (1) one year.