



Student Consent for Letter of Recommendation

University Officials: This form must be obtained if grades, GPA, and other information obtained from the student information system will be included in your statement. Forms must be kept on file for one year.

Form with fields for Date, Student Name (Last, First, Middle Initial), and Student ID Number (900-).

I hereby authorize _____ to include the following information in a letter of recommendation:

- checkbox GPA
checkbox Final grade
checkbox Graded assignments
checkbox Other:

Four horizontal lines for providing additional information.

Release information to the following party or class of parties (e.g., graduate admissions boards):

- checkbox _____
checkbox _____
checkbox _____
checkbox _____
checkbox _____

By signing below, I am authorizing the University Official to release all information on this form to the parties I have specified. I understand this authorization is valid only once and if I request future letters of recommendation I will need to provide additional authorization.
Student Signature _____ Date _____

Notary: (Form must be notarized if submitted via fax, mail, or email address outside of @msudenver.edu domain.)
Subscribed and affirmed before me in the County of _____
State of _____, this _____ day of 20____.
Notary's official signature _____ My commission expires: _____