

TEACHERS COLLEGE, COLUMBIA UNIVERSITY

**PERMISSION FOR LETTER OF RECOMMENDATION**

NAME \_\_\_\_\_

I give permission for \_\_\_\_\_ (instructor/ advisor name) to

write a letter of recommendation to the following person(s)/ institution(s):

Name and address of  
letter recipient(s): \_\_\_\_\_

(Specific authorization  
must be listed for each  
recommendation to be  
released.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-named person also has my permission to include information regarding my grades and academic performance at Teachers College in this letter.

**Check this box if you would like to waive your right to review a copy of this letter at any time in the future.**

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act (FERPA), students must provide signed, written consent for the release of any education records that are not considered "directory information." An "education record" is any record with personally identifiable information that is maintained by Teachers College. Please consult the Student Handbook or the Office of the Registrar with any questions regarding the release of your education record(s).