CHRISTOPHER NEWPORT UNIVERSITY

REQUEST FOR LETTER OF RECOMMENDATION

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential non-directory information about a student without a student's consent. You can waive this right for faculty and staff members when you ask them to write letters of recommendation or to serve as a professional reference.

Use this form to authorize an individual to use your education record as appropriate to provide requested information. It is your responsibility to identify with the Office of the Registrar any information you do not wish to have released. This authorization is effective until you withdraw it in writing with the Office of the Registrar or notify the individual in writing.

TO THE STUDENT: Please submit this completed and signed form to your evaluator. (Please Print)

Name _____ Student ID Number _____

Address _____ Phone/Cell Number _____

City, State, Zip _____

WAIVER OF ACCESS: (Please check one)

☐ I waive my right to review this letter. ☐ I do not waive my right to review this letter.

I authorize the release of information and evaluation about me including, if applicable, my performance in the classroom as well as the grade received in that effort.

_____	_____	_____
Student Name	Student Signature	Date

TO THE EVALUATOR:

It is important that your recommendation letter include an indication of your relationship to the applicant, the length of time you have known the applicant, and what responsibilities were associated with your affiliation. Also, it is beneficial to the applicant for you to address anything known of the following:

- Academic performance
- Problem solving skills
- Independent learning ability
- Communication skills
- Motivation and self discipline
- Maturity and emotional control
- Sensitivity toward others
- Integrity and ethics
- Other assets and liabilities
- Comparison to other health profession applicants

_____	_____
Name (please print)	Signature
_____	
Title (please print)	_____
_____	_____
Telephone Number	Address (please print)

Please return your **Letter of Recommendation** along with this **completed Request for Recommendation Form** to:

Health Professions Advisory Committee
Department of Biology, Chemistry and Environmental Science
Christopher Newport University
1 University Place
Newport News, Virginia 23606