

APPENDIX G

Letter of Evaluation Release

This form should be completed by any student requesting a faculty or staff member or clinical preceptor to write a letter of evaluation/recommendation or serve as a reference.

Student Name:

Cohort Year (e.g., PA 2022):

LMU email address:

Contact phone number:

I understand that a letter of evaluation/recommendation or an oral reference may contain non-directory personally identifiable information. I give permission to the person/entity listed below to disclose the information indicated below in the form of a letter of evaluation/recommendation and/or to provide an oral reference to the person/entity listed below.

Name of person/entity providing reference:

Name of person/entity receiving reference:

Contact information for person/entity receiving reference:

I give permission to release only the information indicated below:

- Academic records (transcripts, grades, GPA, class attendance)
- Disciplinary records
- All records
- Other (specify)

- I hereby waive my right to review the letter of evaluation/recommendation.
- I hereby do not waive my right to review the letter of evaluation/recommendation.

Student Signature and date:

This form should be signed and returned to the faculty or staff member or clinical preceptor prior to the writing of a letter of evaluation/recommendation or serving as a reference.

Last edited 10/5/2022

END OF STUDENT CATALOG