| LETTER OF RECOMMENDATION PERMISSION TEMPLATE | | |
|---|---|--|
| Date | | |
| I give permission to I | nstructor to write a letter of recommendation to: | |
| Name | | |
| Company/School | | |
| Street/Building | | |
| City/State/Zip | | |
| Instructor has my permission to include my grades and/or GPA in this letter. | | |
| I waive do not waive (circle one) my right to review a copy of this letter at any time in the future. | | |
| | | |
| Student Printed Name | Student Signature | |