

University of Iowa College of Pharmacy

**AUTHORIZATION TO RELEASE INFORMATION OR REQUEST
FOR LETTERS OF RECOMMENDATION**

TO: _____
(Name of University Official and Department)

Please:

- Write a letter of recommendation
- Complete evaluation form
- Release information verbally
- Other (please specify) _____

To:

- All potential employers
- Any educational institution
- Only to (please specify) _____

For the following purpose:

- Employment
- Admission to an educational institution
- Other (please specify) _____

I authorize you to consult my educational record at the University of Iowa to reveal such information from my educational record, as you consider appropriate for the purpose(s) stated above.

I waive/do not waive (circle one) my right to see the recommendation or other information prepared pursuant to this release.

Print Name _____

Signature _____

Student ID _____

Date _____