LETTER OF RECOMMENDATION REQUEST

I, ________________________________ (_____________), give permission for

Student Name                      Student ID number

__________________________________

Instructor/Staff Member Name

respond to telephone reference inquiries from those listed below:

______________________________________________

______________________________________________

______________________________________________

Attendance and classroom performance may be included in the letter of recommendation or telephone reference inquiry. My grades and GPA may only be included in the letter of recommendation; they may not be discussed over the phone. The purpose of this recommendation/inquiry may be scholarship, employment, admission to college or graduate school, or (list other below):

________________________________________________________________________

☐ I waive my right to review a copy of this letter at any time in the future.
☐ I do not waive my right to review a copy of this letter at any time in the future.

_______________________________________  ____________________
Student Signature                                                   Date

Note to Faculty: To archive this form, submit it to one of the following locations:

<table>
<thead>
<tr>
<th>Main Campus:</th>
<th>Public Administration:</th>
<th>Tallahassee Campus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flagler College</td>
<td>Flagler College</td>
<td>Records Office</td>
</tr>
<tr>
<td>Office of the Registrar</td>
<td>Office of the Registrar</td>
<td>Flagler College - Tallahassee</td>
</tr>
<tr>
<td>74 King Street</td>
<td>74 King Street</td>
<td>444 Appleyard Drive</td>
</tr>
<tr>
<td>St. Augustine, FL 32084</td>
<td>St. Augustine, FL 32084</td>
<td>Tallahassee, FL 32304</td>
</tr>
</tbody>
</table>

Revised: 11/11/2014