

I, _____ (print your name) _____ (student ID #), give permission for

_____ to write a letter of recommendation to or
(print instructor/staff member name)

respond to telephone reference inquiries from those listed below:

My grades, GPA, attendance, and classroom performance may be included in the letter of recommendation or telephone reference inquiry. 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.

(student's signature)

(date)

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

Mail to:	Redwood Campus Rogue Central 3345 Redwood Highway Grants Pass, OR 97527	Riverside Campus Rogue Central 117 S Central Medford, OR 97501	Table Rock Campus Rogue Central 7800 Pacific Avenue White City, OR 97503
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Or Fax to: (541) 471-3585

<p>For Office Use Only</p> <p>Date received: _____ By: _____</p>
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