

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

_____ 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)

Note to Faculty: To archive this form, please submit it to the Registrar's Office:

Registrar's Office
Rogue Community College
3345 Redwood Highway
Grants Pass, OR 97527
registrar@roquecc.edu
fax - (541) 471-3576

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Date received: _____ By: _____