

*This form should be completed by any student requesting a faculty or staff member to write a letter of recommendation or serve as a reference. This form should be signed and returned to the faculty or staff member prior to the writing of a letter of recommendation or serving as a reference.*

<b>Student Name (First, Middle, Last)</b>	<b>Student ID:</b>	<b>Date:</b>
_____	_____	_____

I \_\_\_\_\_ [student's name] understand that a letter of recommendation may contain non-directory personally identifiable information. I give permission to Dr. Shweta Trivedi to disclose such information in the form of a letter of recommendation and/or to provide an oral reference.

<b>Type of disclosure – please check all that apply:</b>
<input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Evaluation Form <input type="checkbox"/> Other (please specify): _____
<b>Recipient(s) of Letter of Recommendation or Reference:</b>
_____ _____ _____
<b>Purpose of release:</b>
<input type="checkbox"/> Employment <input type="checkbox"/> Admission to an Educational Institution <input type="checkbox"/> Other (please specify): _____
<b>Waiver of access:</b>
<input type="checkbox"/> I waive the right to review the requested recommendation(s)/evaluation(s). <input type="checkbox"/> I do not waive the right to review the requested recommendation(s)/evaluation(s).

**Signature****Date**

\_\_\_\_\_

\_\_\_\_\_

**NC STATE**

VetPAC

Release for Letter of Recommendation  
North Carolina State University  
Veterinary Professions Advising Center

Monday, August 6, 2018