



**Conemaugh Memorial Medical Center  
Conemaugh School of Surgical Technology**

**Authorization for Letter of Recommendation**

Letters of recommendation which are made from the recommender's personal observation or knowledge do not require a written release from the student who is the subject of the recommendation. However, if the student wishes the recommender to include personally identifiable information from the student's education record (such as grades, GPA, etc.), the student must provide a signed release.

This form may be used by a student to authorize release of non-directory information from his/her education record for purposes of a letter of recommendation. For each request, this form should be completed and presented to the individual making the recommendation.

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I hereby authorize \_\_\_\_\_ to write a letter of recommendation on my behalf for the purpose of (check all that are applicable):

- Application for employment
- All forms of scholarship or honorary award
- Admission to another education institution
- Other (specify) \_\_\_\_\_

Send to:

Name/Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I consent to the