

Recommendation Authorization Form

I hereby authorize the following faculty from the School of Art and Design of Northern Michigan University to provide confidential recommendations for me sought by potential employers or schools. These recommendations may be either written or given orally. I waive my rights to have access to these recommendations. This authorization remains in force until I request in writing that it be rescinded.

Signature of Student

Date

Student's Name (Print)

References:

Name of Faculty

Signature of Faculty

Date

Name of Faculty

Signature of Faculty

Date

Name of Faculty

Signature of Faculty

Date

Name of Faculty

Signature of Faculty

Date

Name of Faculty

Signature of Faculty

Date

References must be aware that recommendations should be restricted to information regarding predictability of job performance and NOT include GPA (unless authorized below) or discriminatory statement.

☐ I authorize the disclosure of my GPA to potential employers or schools.

This form is to be kept in the student's file only.