

Saint Louis University  
Recommendation/Evaluation  
Authorization and Waiver

Form  
#26

the privacy of, and access to, their education records. In order to submit recommendations or

Section 1  
Student

\_\_\_\_\_ **Student Name**

\_\_\_\_\_ **Student ID**

Section 2  
School Official

Section 3  
Type

**Type of disclosure. Check all that apply.**

- Letter of Recommendation**
- Evaluation Form**
- Verbal Recommendation/(n) 0 m**

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Section 7  
Authorization

- ! By signing below, I authorize the official named in Section 2 to consult my education records and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).
- ! I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the official named in Section 2, but that such revocation will

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date