

Letter of Recommendation Release Form

Name (print): _____

Age: _____

By signing this form you are giving Dr. Kurt Fuellhart permission to write recommendation letters on your behalf. You are also giving permission for Dr. Fuellhart to discuss via telephone or any other electronic means (including e-mail) your candidacy for positions (such as employment, grants, graduate school admission, and the like) with representatives of the of the agency with which you are seeking such positions.

In such written and electronic communications, you agree that Dr. Fuellhart may (among other things):

- Discuss your academic performance (*both generally and including specific grades*) in both his course and in all of your other courses;
- Discuss all information provided to him on your resume, transcript, and other materials you may provide;
- Discuss his general and specific impressions of your qualifications for the position being applied for based upon his experiences working with you and the materials you provide to him;
- Discuss all previous work experience and extracurricular activities.

Finally, by signing this form you agree to permanently waive your right to read or review letters that have been written on your behalf at any time in the future.

Signature

Date