WISCONSIN LUTHERAN COLLEGE

RECOMMENDATION LETTER REQUEST

I, _____, give permission for _____ to write a letter of recommendation to:

_____ NAME

_____ INSTITUTION

_____ STREET ADDRESS

_____ CITY, STATE, ZIP

_____ has my permission to include information regarding EDU coursework, clinical performance (including teacher candidacy), my grades, GPA, and similar information in this letter.

I ☐ **waive /** ☐ **do not waive** (check one) my right to review a copy of this letter at any time in the future.

_____ has agreed to write this letter by _____.
Date

_____
Signed Date

01/10