



DEPARTMENT OF MATHEMATICS
9500 GILMAN DRIVE # 0112
LA JOLLA, CALIFORNIA 92093-0112

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Letters of recommendation contain detailed information about the student who is the subject of the letter. This may include such information as scores on specific exams, grades and other class performances, grades earned from other faculty in the department, upper division GPA in the major, grades in related departments, and standardized test scores, among other things.

I, the undersigned, give my permission to _____ to write a letter of recommendation and/or to provide an oral reference to any and all parties for the purposes of further education or employment. I consent to the release of personal and educational information about me in the letter of recommendation or oral reference that I have requested from you. This authorization allows you to release all information about me, within the University's possession, as part of the letter of recommendation or oral reference. This authorization shall remain valid unless and until it is rescinded in writing.

Name (please print): _____ PID: _____

Signature: _____ Date: _____