

Yale Divinity School

Recommendation Authorization Form

The *federal Family Educational Rights and Privacy Act* requires that students provide a written authorization before a faculty member may include in a recommendation certain types of academic information (for example, courses taken and grades received).

Please complete and return to the Registrar's Office *one form for each recommender*.

Student's name: _____

SID: _____

Degree Program: M.Div. S.T.M. non-degree M.A.R. comprehensive

M.A.R. concentration in _____

Year in program: _____ Expected grad month/year: _____

I give my permission for _____ to view my academic file and to

Full name of Recommender

include in an oral or written recommendation information that he or she considers appropriate to the recommendation.

Please list the intended recipients of the recommendation covered by this authorization:

Check one of the following:

I waive I do not waive my right to view this letter of recommendation.

Signature of student: _____ Date: _____