



DEPARTMENT OF
FRENCH AND ITALIAN
COLLEGE OF ARTS AND SCIENCES

CAREER PLACEMENT SERVICE
WAIVER OF RIGHT TO VIEW LETTERS OF RECOMMENDATION

I, _____, waive my right to view my letters of recommendation on file with
(printed name)
the Department of French and Italian at Indiana University.

OR

I, _____, do not waive my right to view my letters of recommendation on
(printed name)
file with the Department of French and Italian at Indiana University.

(signed)

(date)

Return to:
Graduate Student Services Coordinator
Department of French and Italian
Indiana University
355 N. Jordan Ave.
Global & International Studies Building 3169
Bloomington, IN 47405-1105
(812) 855-1088
e-mail: fritgs@indiana.edu



CONSENT TO RELEASE STUDENT INFORMATION

I, _____, consent for the following persons to disclose private information about my education records (eg. admission status, grades, GPA, details of coursework completed) in letters of recommendation to potential employers through the Department of French and Italian Career Placement Service. I will advise the Graduate Secretary, in writing, to whom these letters shall be released, and I can revoke or amend this permission at any time by submitting a new consent form.

| NAME OF RECOMMENDER | STUDENT INITIALS | DATE |
|---------------------|------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

OR

I, _____, do not consent to the release of information about my education records. I understand my education records do not include personal observations, class standing, dates of attendance, and other such public information.

(signed)

(date)