

EDUCATIONAL RECORDS WAIVER

I hereby authorize _____ to review and comment on my academic record as deemed necessary for the purpose of generating a letter of recommendation that I have requested on my behalf.

(print student's name)

(student's signature)

(date)

(print faculty name)

(faculty signature)

(date)

Please return completed form to SPLH@ku.edu or Office in 3001 Dole.