

DEPARTMENT OF NUTRITION SCIENCE
PURDUE UNIVERSITY
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WEST LAFAYETTE, IN 47907-2059
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PERMISSION TO RELEASE EDUCATION RECORD INFORMATION FOR RECOMMENDATION

Requested by (Student):

Last Name First Name

Student Identification Number

Date

Email Address

Release to (Recipient):

Name

Organization/School

Address

City, State, Zip

Education record information to be released (Please check all that apply):

- GPA Class Rank Official University Activities
 Work Experience Other _____

Purpose of release:

Student Signature

Date