



Permission to Release Education Record Information

I, _____, am applying for the Career Catalyst Initiative: Summer
(Student's Name)
Internship Program. I give permission to _____ to write a letter of
(Recommender's Name)
recommendation on my behalf. This letter may include the following information:

Please check all that apply:

Grades

GPA

Class Rank

Recommender: Please email a written letter of recommendation to:

Amy Porter, Assistant Director
Career Development Center
amy.porter@trincoll.edu

I, _____, waive my right to review a copy of this letter of
(Student's Name)
recommendation now and in the future.

Yes

No

(Student's Signature)

Date

Instructions for the student: Provide a signed copy of the Permission to Release Education Record Information to a member of the Trinity faculty.

Instructions for the recommender: Please email your letter of recommendation along with the student's signed Permission to Release Education Record Information to the above email address. Retain a copy of this Permission to Release Education Record Information for your personal files.