

**Hamline University School of Law  
Office of the Registrar**

**Request for a Letter of  
Recommendation**

Student ID 9 \_ \_ \_ \_ \_

Last Name

First Name

Faculty Name

Information to be released

- GPA
- Rankings
- Grades
- Any and all information contained in my educational records that faculty deems necessary

Recipient Name

Organization

Address

City, State, Zip

Purpose

I give permission for the above named faculty to release the specified information to the above listed recipient

Signature

Date

I  waive  do not waive access to this letter of recommendation

Signature

Date