



RELEASE OF INFORMATION

Reference Letter Service
UCSB Career Services
Building 599
Santa Barbara, CA 93106-7140
805 893 4416 (FAX) 805 893 8023

Date ____ / ____ / ____

Last Name _____ First Name _____ MI _____

Former surname _____ Email _____

UCSB Perm Number _____

Current Address City State, Zip Telephone ()

Permanent Address City State, Zip Telephone ()

Enrollment status: Enrolled ____ Graduated ____ Leave ____ Major _____

Graduation date: Expected ____ / ____ / ____ Completed ____ / ____ / ____

File Type (Choose One)

- Graduate School (MA,Ph.D., etc.), Professional School, Academic Awards or Fellowships
- Health Professions (Medical AMCAS#_____, Dental, etc.)
- Employment (Education - Elementary / Secondary /University /Administrative)

Authorization:

My Signature below indicates that I agree to comply with all terms and conditions as stated therein. I hereby authorize Career Services to collect, maintain and distribute letters of recommendation for the purpose of admission to graduate and professional school and/or employment. I authorize that all recipients of recommendations written after August 1, 2001 be informed whether I have waived my right to read them.

Reference Letters Waiver:

Indicate whether you will retain or waive your right to have access to the letters of reference you solicit for your educational reference file by signing one of the statements below:

PLEASE CHOOSE ONLY ONE(1) OF THE FOLLOWING

→ **Confidential:** I understand and agree that these letters of reference received by Career Services are confidential and will not be made available to me and I expressly waive any rights I might have to access my reference letters under the Family Educational Rights and Privacy Act of 1974.

OR

→ **Non-confidential:** I retain my right to have access to the letters of reference in my file.

Signature _____ Date ____ / ____ / ____

Signature _____ Date ____ / ____ / ____

