

Form 1

Request for Release of Information

By signing below, you are requesting that your Undergraduate School at the University of Pennsylvania prepare and send a letter of evaluation to the educational institutions, scholarship programs, companies or individuals designated on your mailing request form. By requesting a letter of evaluation, you are granting your Undergraduate School permission to review all records of any nature whatsoever for the purpose of preparing the letter of evaluation and to disclose information from such records to educational institutions, programs, companies, or individuals which you have designated. After you have requested a letter of evaluation, your written consent is not required for either a further review of records or subsequent disclosure of information. In connection with preparing a letter of evaluation, your Undergraduate School routinely examines at least the following student records: all records created prior to your graduation from the University, all records of the University Student Judicial System and the Judicial Inquiry Office, and all records of any criminal or civil proceedings involving you.

For further information on the review and disclosure of your records, please consult the University's policy on the Confidentiality of Student Records; if you have a question, consult an advisor in your Undergraduate School's office, or a counselor at Career Services.

I have read and understand the above information and in accordance with the above authorization, hereby request and authorize my Undergraduate School to prepare and send letters of evaluation to the educational institutions, scholarship programs, companies, or individuals I have designated.

Signature

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Print Name

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Penn ID Number

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Graduation Date (month and year)

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Date of birth

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Today's Date

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Form 2 Dean's Recommendation Form

The College of Liberal and Professional Studies

Information for your letter will be obtained from your academic file and this form. This is not a personal recommendation.

Last 4 Digits of Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Major \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Cumulative Average \_\_\_\_\_

Honors:

Extra-curricular Activities: