



Registrar's Office
301 Platt Blvd
Claremont, CA 91711
(909) 621-8090

Letter of Recommendation Data Release Form

Student's Name: _____
(Please Print) _____ Student ID: _____

Students: Complete this form and return to the HMC faculty or staff member writing your letter of recommendation.

Note: If a letter of recommendation or form requests or contains personally identifiable information such as grades, GPA, disciplinary status, ethnicity, gender, test scores, birth date, religion, citizenship, marital status, etc., then the student's written authorization is legally required under the Family Educational Rights and Privacy Act of 1978 (FERPA). This includes recommendations being sought by graduate schools, professional school admissions services (such as AMCAS, LSDAS, etc.), employers, or other individuals.

Directory Information (student name, photo, Harvey Mudd ID number, campus mailing address, major, dates of attendance, classification/class year, degree and/or awards received, previous academic institutions attended, date of birth, campus email address) can be included in a letter of recommendation without a student's written authorization.

I hereby give my permission for _____ (faculty or staff member name) to include non-directory information in letters of recommendation or oral references. Unless excluded explicitly below, this includes:

- Any information on my HMC transcript including my grades and courses taken.
- Any information on my curriculum vitae or resume, if attached.
- Any information included in my personal statement, if attached.
- Any educational and other records to which the recommender has (or has had) access in making academic and/or employee evaluations and decisions including but not limited to examinations, essays, term papers, teach evaluations, committee evaluations, and so forth.

Exclusions, if any:

Student's Signature _____

Date: _____