



UNIVERSITY OF CENTRAL FLORIDA  
College of Health and Public Affairs  
Department of Criminal Justice

I, \_\_\_\_\_(student name), hereby request and give consent to \_\_\_\_\_(faculty name) to prepare a letter of recommendation on my behalf. I understand that this letter of recommendation may include statements about my academic performance including but not limited to my grades, GPA, class participation, and/or attendance.

The purpose of this letter is: \_\_\_\_\_

(Examples includes but not limited to scholarships, job, graduate school, and internships)

This letter should be addressed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I waive my right to access and inspect this letter of recommendation

\_\_\_\_\_ I do not waive my right to access and inspect this letter of recommendation

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date