

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Office of Clinical Experiences
Department of Curriculum and Instruction
College of Education
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OFFICE OF CLINICAL EXPERIENCES
RELEASE OF INFORMATION

This form is to be completed by the student and given to the person who is writing the letter of recommendation. This form is to be used to identify the purpose of the letter and where the letter should be sent.

Date _____

Student Name _____

Address: _____

I, _____ request _____
name of student **name of person writing letter**

to write and release a letter of recommendation for my employment.

1. The purpose of the letter is: _____

2. The letter should be sent to: _____

Signature of student

revised 10/07 cld