

(Only complete and return if applying for GA/GPSI.)

Please attach to reference letter. Letter should be typed on university or business letterhead.



UNIVERSITY OF ILLINOIS SPRINGFIELD
OFFICE OF GRADUATE INTERN PROGRAMS
LETTER OF REFERENCE RELEASE FORM

INSTRUCTIONS: Applicant completes form, including signature and date. Cut and distribute forms to the three letter writers for submission. We ask for two references from faculty members who are familiar with your education and abilities. The third letter can be from an employer or an additional faculty member. The letter writer must attach the release form to the letter, which must be typed on university or business letterhead.

1. Name of applicant: Last/Surname _____ First _____ Middle _____
Proposed program of study: _____ Field of specialization (optional): _____
2. Letter to be sent to: University of Illinois Springfield Department: Office of Graduate Intern Programs
Street address: One University Plaza, MS BRK 475
City and state: Springfield, IL Zip code: 62703-5407
3. In support of application for (check **either** or **both**): Graduate Assistantship Graduate Public Service Internship
4. Please check box if you would like us to forward a copy of your reference letter to the academic program.
5. I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act.
Signature: _____ Date: _____



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