

OFFICE OF ACADEMIC RECORDS & REGISTRATION
SLIPPERY ROCK UNIVERSITY
104 MALTBY AVE, SUITE 107
SLIPPERY ROCK, PA 16057
Phone: (724) 738-2010
Fax: (724) 738-2936

Request For Reference

I, _____ Student/Banner ID# _____ ,

give permission for _____ to write a letter of recommendation to:

Name _____

Organization/Office _____

Address _____

City _____ State _____ Zip _____

The school official listed above has my permission to include the following in this letter:

- Grades
- GPA
- Class Rank
- Other (Must specify below)

Student's Signature _____ Date _____

Note to school official: Please keep this student record in your office. Do not return it to Academic Records & Registration.