

LAWRENCE UNIVERSITY

REQUEST TO RELEASE RECOMMENDATIONS FORM

Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Phone \_\_\_\_\_ LU ID Number \_\_\_\_\_

**Please send recommendations written by:**

_____	_____
_____	_____
_____	_____
_____	_____

**To: (Complete address, including zip code)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Please make sure that:**

1. The recommendations written by people listed above are in your file.
2. You have a signed "Registration Agreement" on file.
3. You have included the fee of \$3.00 per address (if applicable).

**NOTE: Registrar's Office must receive a separate request to release transcript. Do not use this form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_