

I, \_\_\_\_\_ (print your name) ( \_\_\_\_\_ (RCC ID#) ), give permission for

\_\_\_\_\_ (print instructor/staff member name) to write a letter of recommendation to or

respond to telephone reference inquiries from those listed below:

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

My grades, GPA, attendance, and classroom performance may be included in the letter of recommendation or telephone reference inquiry. The purpose of this recommendation/inquiry may be scholarship, employment, admission to college or graduate school, or (list other below):

\_\_\_\_\_

I waive my right to review a copy of this letter at any time in the future.

\_\_\_\_\_  
(student's signature)

\_\_\_\_\_  
(date)

**Note to Faculty: To archive this form, submit it to one of the following locations:**

Redwood Campus Rogue Central 3345 Redwood Highway Grants Pass, OR 97527 <a href="mailto:rcs@rogucecc.edu">rcs@rogucecc.edu</a> fax - (541) 471-3585	Riverside Campus Rogue Central 117 S Central Medford, OR 97501 <a href="mailto:rcs@rogucecc.edu">rcs@rogucecc.edu</a> fax - 541-245-7648	Table Rock Campus Rogue Central 7800 Pacific Avenue White City, OR 97503 <a href="mailto:rcs@rogucecc.edu">rcs@rogucecc.edu</a> fax - 541-245-7648
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For Office Use Only	
Date received: _____	By: _____