

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

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

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 rcs@roquecc.edu fax - (541) 471-3585	Riverside Campus Rogue Central 117 S Central Medford, OR 97501 rcs@roquecc.edu fax - 541-245-7648	Table Rock Campus Rogue Central 7800 Pacific Avenue White City, OR 97503 rcs@roquecc.edu fax - 541-245-7648
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<p>For Office Use Only</p> <p>Date received: _____ By: _____</p>
