

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:

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