

# Request Form for the Release of Recommendation Letters

**Important:** This form **will not be accepted** until **all** letters are in your file. Failure to print legibly may cause a delay in the processing of your request. We **do not accept** faxed requests.

**mail to:**

CLA Recommendation File Services  
 135 Johnston Hall  
 101 Pleasant St. SE  
 Minneapolis MN 55455

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Complete name & address of institution**

**First & Last name of evaluator, Year of letter**

|           |  |
|-----------|--|
| request 1 |  |
| request 2 |  |
| request 3 |  |

Office use only:    date received: \_\_\_\_\_    date sent: \_\_\_\_\_

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