



Office of the Registrar  
 4500 Massachusetts Avenue, NW • Washington, DC 20016  
 PHONE 202-885-8650  
 EMAIL registrar@wesleyseminary.edu

## STUDENT RELEASE FOR RECOMMENDATIONS

**Instructions:**

1. In keeping with the Family Education Rights and Privacy Act of 1974, recommendations are issued only upon written request or authorization of the student. Recommendations may include information from a student's education record including social security number, grade point average (GPA), specific grades in courses taken or fitness for ministry evaluations.
2. Complete one form per recommendation.
3. **Return completed form to Registrar's Office.**

<b>Last Name</b>	<b>First Name                      Middle Initial</b>
<b>Wesley ID</b>	<b>Degree Program                      Year of entry into Practice of Ministry and Mission Program</b>

**FACULTY RECOMMENDATION**

I hereby give \_\_\_\_\_, and other personnel assisting with the  
**Recommender's Full Name**  
 preparation of this recommendation, permission to access my academic record (transcript) only.

**INSTITUTIONAL RECOMMENDATION**

I hereby give \_\_\_\_\_, and other personnel assisting with the  
**Recommender's Full Name**  
 preparation of this recommendation, permission to access my academic record as well as all Fitness For Ministry records defined as Practice of Ministry and Mission (PM&M) records (learning partner evaluations, colloquy leader evaluations, site visit reports and cross cultural immersion leader evaluations), Dean's Office records, and Associate Dean's Office records.

**Send letter to:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OR

**Pick up letter from:**

**Faculty**

**Dean**

**PMM Office**

- I waive my right to view this recommendation.
- I do not waive my right to view this recommendation.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**