



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.**

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

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

Due Date:



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

Student Signature

Date