



DEPARTMENT OF MATHEMATICS, MC 0112  
9500 GILMAN DRIVE  
LA JOLLA, CALIFORNIA 92093-0112

**AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION**

*Instructions to Student:* Complete, sign and return to the faculty or staff member. If you wish to include a curriculum vitae, resume, or personal statement, please attach it to this form.

I, the undersigned, give my permission to **Adam Bowers** to write a letter of recommendation and/or to provide an oral reference to any and all parties for the purposes of further education or employment. I further give my permission for **Adam Bowers** to include the following *non-directory* information in this letter of recommendation or oral reference:

- Any information on my UCSD transcript (including my grades and courses taken).
- Any information on an attached curriculum vitae or resume.
- Any information included in an attached personal statement.
- Any educational and other records to which the recommender has (or has had) access in making academic and/or employee evaluations and decisions (including but not limited to examinations, essays, terms papers, teaching evaluations, graduate committee evaluations, and so forth).

I also hereby waive my right to review this recommendation letter or to know the contents of any oral communication (unless the recommender decides otherwise).

Name (*please print*): \_\_\_\_\_ PID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred pronouns: she/her/her he/him/his they/them/their

Please list in the space below any courses you have taken with the recommender and the quarters in which they were taken: