

TO: Students seeking recommendations
FROM: Shawn Damon Ginther, M.S.W., Ph.D.
RE: Permission to release information, materials needed

Due Date:

(see item 1 below)

Dragon ID or SSN:

Thank you for seeking my recommendation via this signed release form. As this will be crucial to your professional success, it is one of the most important actions I will take on your behalf. So I can be as timely and thorough as possible in giving evidence regarding your performance and professional potential, please provide the following information and strictly adhere to the timeline below. Please also note that I cannot release any information without your signed permission so be sure to complete the bottom of this form.

Provided ✓

☐ **MAKE YOUR LETTER REQUEST 3 WEEKS BEFORE IT IS DUE.**

So that I have ample time to compose a letter that accurately and thoroughly documents your accomplishments and professional potential, I require a 3-week notice in all instances, and opt not to provide rushed letters for any reason as this is a disservice to you.

☐ **MAKE YOUR PHONE INTERVIEW REQUEST 1 WEEK BEFORE THE INTERVIEW IS TO BE HELD.**

In some instances I may not have visited with you for a while, so this will allow me time to review your professional work and make informed comments about you (see #3/4 below).

☐ **PROVIDE YOUR CURRENT / FINAL MSUM DARS TRANSCRIPT. (May be an "unofficial" transcript but one is required)**

☐ **PROVIDE YOUR CURRENT RESUME'.**

By now you should have a professional resume'. If not, create one before making this request. Your resume' should accurately cover all relevant work experience, school history, academic accomplishments, honors and special recognition, academic / career goals, ongoing education, and community service history. You may wish to consult MSUM Career Services (www.mnstate.edu/career) for examples.

PLEASE INCLUDE A COMPLETE DESCRIPTION OF THE POSITION OR PROGRAM ADMISSION YOU SEEK:

Contact Person: _____ Contact's Title: _____

Contact's Position: _____ Program name: _____

Contact Phone: () _____

Complete mailing address: _____

City: _____ State: _____ Zip Code: _____

PERMISSION TO THE RELEASE OF MY INFORMATION TO THE ABOVE PERSON/ENTITY:

I give Dr. Shawn Ginther permission to release of information to the above person/entity about my past experiences, academic performance, and professional potential for the above purposes.

Your name (Printed): _____ Your Signature: _____

Position sought: _____ Your Phone: () _____

Today's Date: _____ Due Date: _____

Your complete mailing address: _____

City: _____ State: _____ Zip Code: _____

Your MSUM Email address: _____ Another email address: _____