CONSENT AND AUTHORIZATION
TO RELEASE INFORMATION

University of Missouri
College of Veterinary Medicine

I, ____________________________, hereby authorize the University of Missouri-Columbia
(Printed or typed name)

College of Veterinary Medicine to release a letter of recommendation from:

__________________________________
(Name of faculty member or administrator writing letter of recommendation)

summarizing information from my education records and enclosing the following education records:

__________________________________
(Specify the education records to be released)

to

__________________________________
(Specify the name and address of the authorized recipient of letter of recommendation)

for the following purpose:

__________________________________

__________________________________
(Signature) (Date)