



Letter of Recommendation Request Form

I _____ do hereby request an Academic Advisor or other Department of Education faculty or staff at the University of South Carolina Beaufort, to write a letter of recommendation or serve as a reference on my behalf. I hereby authorize _____ to discuss my education records with the parties I designate in connection with this request.

Student's SSN (Last 4 Digits) _____

Permanent Address _____

Daytime Phone _____ E-mail Address _____

Signature _____ Date _____

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❖ 801 Carteret Street Beaufort, South Carolina 29902 843-521-4100 Fax 843/208-8281