

**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)