FORM B – Departmental Recommendation Letter Request
Completion of this form will generate a “Declaration of Intent to Complete” or “Verification Statement.”
(Turn in to the Nutrition Department Office by the first day of Winter Quarter)

Name: ☐ I will pick up my documents for Non-DICAS Programs.
E-Mail: ☐ Mail documents for Non-DICAS Programs to my diploma or permanent address (as listed on my official student record in the Registrar’s Office).
Phone: ☐ I am also applying for scholarships.
SID:

<table>
<thead>
<tr>
<th>EARLY DEADLINE INTERNSHIPS ONLY:</th>
<th>COURSE SCHEDULE – LIST ALL CLASSES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Check Box for Non-DICAS Programs</td>
<td>Winter Quarter: Spring Quarter:</td>
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<tr>
<td>1. Deadline Date: Internship Name: City, State:</td>
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<td>2. Deadline Date: Internship Name: City, State:</td>
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<td>3. Deadline Date: Internship Name: City, State:</td>
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<td>9. Internship Name: City, State:</td>
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<td>10. Internship Name: City, State:</td>
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<td>Major:</td>
<td>Graduation Date:</td>
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<td>TRANSFER COURSES: Did you complete your entire Didactic Program in Dietetics at UC Davis? If No – Complete the Following: Transfer Course: Where Taken?</td>
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<td>RECOMMENDATIONS REQUESTED FROM: List individual names (Nutrition Dept. Faculty/Staff Only)</td>
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DUE (WITH $50 FEE MADE OUT TO “UC REGENTS”) TO THE NUTRITION DEPT. OFFICE (3135 MEYER) ATTACH SIGNED AUTHORIZATION FOR DISCLOSURE OF INFORMATION FORM
Authorization for Disclosure of Information from Student Records
for Letter of Recommendation or Reference

In accordance with the federal Family Educational Rights and Privacy Act (FERPA) I understand that, in general, the disclosure of confidential information contained in my student records (for example, my GPA) requires my written consent.

By signing below, I _____________________________ (student name) hereby request and authorize __________________________________________ (faculty name) to do the following (check all that apply):

Nature of Request
☐ Write a letter of recommendation or reference
☐ Complete an evaluation form
☐ Provide information in person or over the phone
☐ Review my transcripts, other student records, and employment records at UC Davis and other educational institutions for the purposes of preparing a recommendation or responding to requests for information about me
☐ Other __________________________________________

Purpose of Disclosure
☐ Employment application
☐ Application for admission to educational institution or program
☐ Application for scholarship, grant, funding, honor, or award
☐ Other __________________________________________

Records and Information to Be Disclosed (check all that apply)
☐ Degree verification
☐ Transcripts and information from transcripts
☐ GPA and specific course information
☐ Faculty member's personal observations and knowledge about me, including, but not limited to, attitude, performance in class, motivation, abilities, and/or background
☐ Other __________________________________________

Parties to Whom Information May Be Disclosed
(include category [potential employers or schools] and name, institution, and address)

____________________________________________________
____________________________________________________
____________________________________________________

Waiver of Access (check one)
☐ I waive                      ☐ do not waive
☐ I do not waive
my right to see recommendations or other written information prepared pursuant to this authorization.

____________________________________________________
Signature                                      Date