

**ITCEP/UMTYMP LETTER OF RECOMMENDATION**  
**AUTHORIZATION FOR RELEASE**

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

PLEASE PRINT CLEARLY

CURRENT OR MOST RECENT UMTYMP CLASS & YEAR \_\_\_\_\_

**I have or am applying to the following institutions or programs:**

School and Address	Deadline
1. _____ _____ _____ _____ _____	
2. _____ _____ _____ _____ _____	
3. _____ _____ _____ _____ _____	
4. _____ _____ _____ _____ _____	

**Use back for additional schools.**

I hereby give permission to the IT Center for Educational Programs to release information regarding my participation in University of Minnesota Talented Youth Mathematics Program (UMTYMP) in response to my request or inquiries from colleges and universities. *I understand that this information is confidential and I waive the right to view any recommendations that may be sent to these institutions.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**School and Address**

**Deadline**

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