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I hereby authorize Lorie M. Liebrock to disclose my information in the form of a letter of recommendation, verbal recommendation, or other communication. Letters of recommendation, clearance investigation responses, and answers to inquiries may be released to Graduate Schools, Prospective Employers, Clearance Investigators, or others as needed except as restricted below. This request to serve as a recommender explicitly releases the above reference person from restrictions on release of otherwise protected information except as noted in restrictions below. Restrictions may prevent the ability to give effective recommendations.

Restrictions:	
	ion, I must do so in writing and that such revocation shall not ed to third parties prior to the data of revocation.
Signature	Date
Printed Name	