



FERPA Release: Written or Oral Recommendation

Instructions for Faculty and Staff: Students should complete this Form when requesting a recommendation and give you a copy. If your recommendation contains non-directory information (i.e. birthdate, test scores, GPA, disciplinary status, standardized test scores, grades, gender, religion, etc.) then this signed release is necessary for student consent. After completing your recommendation, send a copy of this Form to the Registration and Records Office, and keep a copy of this Form along with any recommendation notes for your records.

Instructions for students: Complete, sign, and return to each faculty or staff member from whom you are requesting a recommendation. Please ensure to give the faculty or staff member enough time to prepare and complete the recommendation. Students are encouraged to keep a copy of this release for their records.

Student requesting recommendation: \_\_\_\_\_ Student ID# \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand and give my permission for \_\_\_\_\_ (Faculty/Staff Name – only one name per Form) to write a letter of recommendation and/or provide an oral recommendation in which he/she may release personally identifiable information from my educational records as indicated below (check all that apply):

\_\_\_ All of the Following: \_\_\_ GPA \_\_\_ Grades \_\_\_ Class Attendance \_\_\_ Discipline Records \_\_\_ Clinical Evaluation
\_\_\_ Other: \_\_\_\_\_

- I understand that my consent is not required for the disclosure of any subjective observations or assessments in which he/she has of me and or information classified as directory information.

Student Initials

- I understand that that this release shall remain in effect, allowing a release to the following party listed below, until revoked in writing by me and delivered to the person to whom the release was provided.

Student Initials

- I waive my right to review the letter of recommendation: \_\_\_ yes \_\_\_ no

I give permission for this recommendation to be sent to the following:

Recipient's Name (person, institution, business, or service) Recipient's Title
Address Department Title
City State Zip Code Recipient's Phone Number

The purpose of the letter(s) of recommendation is (employment, scholarship application, etc.): \_\_\_\_\_

Date letter is needed: \_\_\_\_\_

Student Signature

Date