

# Authorization to Release Education Record Information for a Letter of Recommendation

## Student Information

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Authorization Statement

I authorize \_\_\_\_\_ **[Name of Faculty/Staff Member]** to write and send a letter of recommendation on my behalf.

I understand that this letter may include personally identifiable information from my education records, and I grant permission for the following information to be disclosed:

- Grades in courses
- Grade Point Average (GPA)
- Academic performance or evaluations
- Academic standing
- Participation in research, internships, or employment
- Other information from my education record (specify):

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FERPA requires written consent when recommendation letters include information from education records such as grades and GPA.

## Purpose of the Disclosure

This recommendation is requested for the following purpose:

- Admission to another educational institution
- Employment
- Scholarship or fellowship application
- Internship or training program
- Honor or award nomination
- Other: \_\_\_\_\_

## Recipient(s) of the Recommendation

The letter may be sent to the following individual(s) or organization(s):

Name/Organization: \_\_\_\_\_

Address or Email: \_\_\_\_\_

Additional recipients may be listed below:

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## FERPA Waiver of Right to Inspect the Letter

Under FERPA, students have the right to review education records maintained by the institution, including recommendation letters unless that right is waived.

Please select one:

- I waive my right to inspect and review this letter of recommendation.
- I do NOT waive my right to inspect and review this letter of recommendation.

This waiver applies only to the future right to access the letter, not to the permission granted above to disclose education record information.

## Student Certification

I understand that:

- This authorization is voluntary.
- I may revoke this authorization in writing at any time, but revocation will not affect disclosures already made.
- This authorization applies only to the recommendation described above.

Student Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_