

Consent for Recommendation Form

To maintain compliance with the Family Educational Rights and Privacy Act (FERPA), any member of the faculty or staff who writes a letter of recommendation in hard copy or electronic format and/or provides verbal assessment of a student's academic performance to a third party that includes personally identifiable information obtained from a student or alumnus' education record (grades, GPA, class rank, professionalism, etc.), must obtain signed authorization.

I _____ authorize _____ to provide a
Student/Alumnus Name *Faculty/Staff Name*
 recommendation on my behalf. I authorize the inclusion of my grades, GPA, class rank, and any other information from my education records. I am requesting this recommendation for the purpose of _____.
(E.g., Application to another institution, employment, nomination for an honor recognition)

____ I waive ____ Do not waive my right to review a hard copy of the letter

____ I waive ____ Do not waive my right to review verbiage prior to electronic submission

I understand that I have the right to revoke this waiver at anytime by delivering a written revocation to the VC faculty/staff member identified above. Such revocation will be effective with respect to any actions occurring after receipt of the revocation.

Student/Alumnus Signature

Date

Provide Contact Information for Written or Verbal Submission

Name	Mailing Address	Web Link/Email Address