



FERPA RELEASE: Letter of Recommendation

Name of Student _____

Print Name: First & Last

MUID

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I the undersigned, hereby authorize (Print Instructor Name) _____ to write a letter of recommendation in which he/she may reference the following educational records and information (*Please list educational records information that will be included, such as: Grades, GPA, etc.*):

To: _____

(Print: Name and Address of receiving party provided by student)

(Address)

(Address)

for the purpose of (*providing a recommendation for employment, scholarship, admissions, or licenser*):

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Marshall University, but that any such revocation shall not affect disclosures previously made by Marshall University prior to the receipt of any such written revocation.

___ I waive my right to review a copy of this letter at any time in the future

___ I do not waive my right to review a copy of this letter at any time.

Student's Signature

Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.