## REQUEST FOR LETTER OF RECOMMENDATION Federal Educational Rights and Privacy Act (FERPA) Release

<b>Directions:</b> The student should <b>Print</b> and <b>Complete</b> this form; sign, date, and submit it to the Marshall University Forensic Science Program employee whom you will ask to provide the recommendation letter. Please print legibly.	
Name	Student ID:
In accordance with the Family Educational	Rights and Privacy Act of 1974 (FERPA), I the undersigned,
·	(Instructor/staff's name) to write a letter of rence the following educational records and information:
I request that the letter of recommendation	be sent to [complete name and address of receiving party]:
<ul><li>Recommendation for Employm</li><li>Application for a Scholarship</li></ul>	he specific purpose of: [check as appropriate] ent
receive a copy of such records upon reques by me in writing and delivered to Marshall L	t not to consent to the release of my education records; (2) I have the right to st at my expense; (3) and, that this consent shall remain in effect until revoked University Forensic Science Program; but, shall not affect disclosures rensic Science Program prior to the receipt of any such written revocation.
☐ I waive my right to review a cop☐ I do not waive my right to reviev	by of this letter at any time in the future.  w a copy of this letter at any time in the future.

**IMPORTANT WARNING TO RECIPIENTS**: 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.

Date

Student/Alumni Signature