



## LETTER OF RECOMMENDATION & WRITTEN/VERBAL REFERENCE RELEASE

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential, non-directory information about a student without the student's consent. A student may waive this right for university officials when written letters of recommendation or verbal references are requested.

**Instructions:** Students, please read and fill out the appropriate sections of this form before delivering it to the faculty member who you are asking to write a letter of recommendation or serve as reference for you.

**Non-directory information** may not be included in a letter of recommendation without the student's written consent. Examples of non-directory information include GPA, grades/exam scores, standardized test scores (ACT/SAT, GRE, etc.), religious affiliation, citizenship, disciplinary status, ethnicity, and gender.

Student Name: \_\_\_\_\_ Transy ID: \_\_\_\_\_

I authorize \_\_\_\_\_ (*faculty/staff name*) to write a letter of recommendation or otherwise serve as written or verbal reference in which he/she may discuss any educational record, including performance in classrooms and in internships, of which the evaluator is aware.

The purpose(s) of the reference are (check all that apply):

- Application(s) for employment
- Scholarships and/or awards
- Admission to another educational institution
- Other (please specify) \_\_\_\_\_

The information should be released to: (name and address of receiving party provided by student):

To: \_\_\_\_\_

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

\_\_\_\_\_

I understand that (1) I have the right not to consent to the release of my education records for this letter; (2) I have a right to receive a copy of this letter upon request unless I waive that right; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the faculty/staff member, but that any such revocation shall not affect disclosures previously made by Transylvania 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 in the future.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Upon completion of this form, the student should submit it to the faculty/staff member.

**Faculty/staff members must retain a copy of this form for a period of 5 years from the date of the student signature. The original form should be forwarded to the Registrar's Office in Old Morrison.**

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.