

FITCHBURG STATE UNIVERSITY

FERPA RELEASE: Letter of Recommendation/Reference

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of and access to their education records. In order for school officials to submit recommendations or reference in compliance with FERPA, students must submit this authorization or its equivalent prior to the issuance of the recommendations or reference to third parties.

Please PRINT, SIGN and HAND DELIVER or MAIL (not email) this authorization with each request for a recommendation or reference.

- A. I _____ (student's name) understand that a letter of recommendation or verbal reference may contain non-directory personally identifiable information.
- B. I give permission to _____ (name of University faculty or staff member) to disclose such information in the form of a letter of recommendation and/or to provide an oral reference. I expressly authorize the inclusion of my grades, transcript, GPA, class rank and any other academic information from my education records in this letter/reference.
- C. I am requesting this letter for the following purpose (check all that apply):
 - ____ Employment
 - ____ Admission to an educational institution
 - ____ Scholarship
 - ____ Other (specify): _____

D. Persons to whom the letters of recommendation/references may be provided:
(attach a second sheet if necessary; please type or print legibly)

Name	Address (Street, City, State, Zip Code)	Phone (Area Code)

By signing below, I authorize the University official named in Section B above to consult my education record at University, and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).

I understand that I have the right to revoke this authorization at any time by delivering a written revocation to the University official named in Section B above, but that such revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this authorization may be sent with the recommendation(s)/references(s).

I hereby WAIVE (___) / DO NOT WAIVE (___) my right to review this letter of recommendation.

Signature: _____ Student ID#: _____
 Name (print:) _____ 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.