



Last Name: _____

First Name: _____

UID: _____

**Authorization to Disclose Education Records
and
Waiver of Right of Access to Letters of Recommendation**

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, was designed to control the disclosure of student education records, to establish the rights of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate or misleading information.

In accordance with FERPA, I give permission to _____
to disclose – either orally or in the form of copies of written records -- information to:

(INSERT NAME OF PARTY (PARENT, POTENTIAL EMPLOYER OR GRADUATE
SCHOOL))

from my education record, based upon this written consent. My education record includes grades, academic progress, disciplinary actions, honors, awards, financial aid, billing, and scholarship information.

By signing below, I explicitly grant consent to the above-named individual to release my education records.

This authorization will remain in effect until I withdraw my consent in writing and submit it to the recommender.

Student Signature

Date

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In addition, under FERPA, students may—but are not required to—waive their right to inspect and review or request amendment to confidential letters of reference or recommendation; however, school officials may decline a request if a signed waiver is not in place. Please note that should the student choose to waive their federal rights under FERPA, the waiver remains valid indefinitely.

By signing below, I waive my right to view this recommendation and/or know the contents of any oral communication regarding this recommendation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date