

Consent to Release Education Records: Recommendations



OFFICE OF THE UNIVERSITY REGISTRAR

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Description: Form to complete when a recommendation requires information protected in educational records

Submit release to: Individual who is writing the recommendation

Who submits release: Student

Student Name: _____

Student PID: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize Ohio University to release the following educational records:

Ohio University Grade Reports (specify which semester(s): _____)

Ohio University Accumulative GPA

Ohio University College File (which may include education records from other institutions)

Other

Other

to Ohio University faculty/staff
for the purpose of writing a letter of recommendation on my behalf in which he/she may reference the above-marked records.

The letter of recommendation may be sent to the following individual(s) and/or entity(ies):

Name: _____

Complete Address:

Street Address City State Zip

Name: _____

Complete Address:

Street Address City State Zip

This consent shall remain in effect until revoked by me, in writing, and delivered to Ohio University, but any such revocation shall not affect disclosures previously made by Ohio University before the receipt of any such written revocation.

Check One: **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 Signature: _____

Date: _____

OHIO UNIVERSITY OFFICE OF THE UNIVERSITY REGISTRAR USE ONLY

Form approved/processed by: _____

Date: _____