



FERPA Release for Faculty/Staff Letter of Recommendation or Reference

Instructions: Students/Alumni, please read and fill out the appropriate sections of this form before delivering it to the Saint Mary's University of Minnesota faculty or staff member(s) whom you are asking to write a letter of recommendation or serve as a reference for you. *A separate form must be submitted for each faculty or staff member request.*

This form's permission to release information applies, but is not limited to, electronic forms, phone calls, employment forms, internship referrals or graduate school applications. If your permission was already provided as part of an application process (for example: on a graduate school or employment application), this FERPA Release form does not need to be completed, as it would be duplicative.

Non-directory information from student education records may not be included in a letter of recommendation without the student's written consent. Examples of non-directory information include GPA, grades/academic performance, performance in work/study positions or internships, etc.

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned student, hereby authorize _____ (faculty/staff name) to write a letter of recommendation or otherwise serve as a reference in which the faculty/staff member may discuss information contained in my student education records (such as performance in classrooms, student activities, work/study employment, and internships).

The purpose of the information to be released (select all that apply):

- Employment
- Admission to an educational institution
- Other (please specify) _____

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

To: _____ Phone: _____
 _____ Fax: _____
 _____ Email: _____

I understand further that (1) I have the right not to consent to the release of information from my student education records; (2) I have a right to receive a copy of the faculty/staff member's letter of recommendation upon request unless I waive that right (note that the entity receiving the letter may require, by virtue of your participation in their process, that you agree to waive the right to review the recommendation letter); (3) and this consent shall remain in effect until revoked by me, in writing, and delivered to the faculty/staff member, but any such revocation shall not affect disclosures made by the faculty/staff member prior to the receipt of any such written revocation.

I waive my right to review a copy of the letter of recommendation.

I do not waive my right to review a copy of the letter of recommendation.

 Student/Alum ID# Student/Alum name Student/Alum's signature Date
 (please print)

Upon completion of this form, the student should submit it to the faculty/staff member. This information is released subject to the confidentiality provisions of FERPA and other applicable laws. Any further disclosure of this information is prohibited without the specific written consent of the person to whom it pertains, or as otherwise permitted by such laws.