

REQUEST FOR LETTER OF RECOMMENDATION

Federal Educational Rights and Privacy Act (FERPA) Release

Name	Student ID:
In accordance with the Family Educational Rights and Privacy Ac	t of 1974 (FERPA), I the undersigned,
hereby authorize (Instructor/s recommendation and/or give a verbal reference in which he/she records and information:	taff's name) to write a letter of nay reference the following educational
[Please check the educational records below that may be referen	ced]
☐ Course grades and accumulative Grade Point Average (GF	PA)
Attendance	
$\hfill \Box$ Evaluation in clinical, practicum, cooperative education, or	similar courses
☐ Professional behaviors and attributes	
Other (specify)	
I request that the letter of recommendation be sent to [complete r	name and address of receiving party]:
request the letter of recommendation for the specific purpos	se of: [check as appropriate]
Recommendations for Employment	. , , , .
☐ Application for a Scholarship	
Application for Graduate School	
Other (specify)	
understand further that: (1) I have the right not to consent to the receive a copy of such records upon request at my expense; (3) an revoked by me in writing and delivered to the Marshall University Soreviously made by Marshall University's Social Work Program prio	nd, that this consent shall remain in effect until locial Work Program; but, shall not affect disclosures or to the receipt of any such written revocation.
Student/Alumni Signature	 Date

IMPORTANT WARNING TO RECIPIENTS: 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.