



Letter of Recommendation Release Form

The Family Educational Rights and Privacy Act (FERPA) prohibit an educational institution from releasing confidential, non-directory information about a student without the student's consent. A student may waive this right for faculty and staff when written letters of recommendation are requested.

Completion of this form authorizes an individual to use a student's education record as appropriate to provide requested information. This authorization to provide a recommendation is valid for (1) year from the date of the signature below.

Student's Name: _____ MaineStreet ID: _____
(Printed Name)

Name of individual authorized
to release Academic Information: _____

I give the individual listed above permission to write a letter of recommendation to:

(Name of person, business, institution or service)

I give my permission to include the following non-directory information in this letter of recommendation:

- | | | |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Thesis | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Research | <input type="checkbox"/> Test Scores | _____ |
| <input type="checkbox"/> GPA | <input type="checkbox"/> Class Rank | _____ |

I understand that, under FERPA, I have a right to review a copy of education records upon request unless I choose to waive that right. With that understanding, I make the following decision:

- I waive my right to review a copy of this recommendation.
- I do NOT waive my right to review a copy of this recommendation.

Student Signature: _____ Date: _____

**Return completed form to the Faculty/Staff member for retention in
the academic department for a period of one year.**