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:

☐ Grades ☐ Thesis ☐ Other, please specify: __________
☐ Research ☐ Test Scores ___________________________
☐ GPA ☐ 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.

Revised 9/20/2013
Office of Student Records