



**NORTHWEST**  
MISSOURI STATE UNIVERSITY

**Federal law requires that you complete this form and submit it with each request for a letter of recommendation or verbal reference**

**Please PRINT, COMPLETE, SIGN, and hand deliver or mail (not email) this form with each request for a recommendation or reference.**

**FERPA Release: Letter of Recommendation/Verbal Recommendation**

Name of Student (requesting Letter of Recommendation/Reference): \_\_\_\_\_

Student ID #: \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize \_\_\_\_\_ (Print Reference's Name) to write a letter of recommendation in which he/she may reference the following educational records and information:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Advisement Records | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Student Employment Records |
| <input type="checkbox"/> Academic Records   | <input type="checkbox"/> Personal Records   | <input type="checkbox"/> Financial Aid Records      |
| <input type="checkbox"/> Transcripts        | <input type="checkbox"/> Gender             | <input type="checkbox"/> Housing Records            |
| <input type="checkbox"/> Grades             | <input type="checkbox"/> Race               | <input type="checkbox"/> Library Records            |
| <input type="checkbox"/> GPA                | <input type="checkbox"/> Ethnicity          | <input type="checkbox"/> Placement Records          |
| <input type="checkbox"/> Class Attendance   | <input type="checkbox"/> Nationality        | <input type="checkbox"/> Student Teaching Records   |
| <input type="checkbox"/> Other: _____       |   |   |

The letter(s) of recommendation should be sent to the following parties (*include names, addresses and email*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of the letter(s) of recommendation is (*employment, scholarship application, etc.*):

\_\_\_\_\_

I understand that (1) I have the right to not consent to the release of my education records; (2) I have the right to access such records upon request; and (3) that this release shall remain in effect until revoked by me in writing delivered to the writer to which the release was granted. If I do revoke this consent, the revocation shall not affect disclosures previously made by the writer or Northwest Missouri State University prior to receipt of the written revocation.

I further understand that my consent is not required for the writer to disclose in a letter of recommendation any subjective observations or assessments in which he/she has of me or information classified as directory information under University policy.

\_\_\_\_\_ I waive my right to review a copy of this letter of recommendation at any time in the future.

\_\_\_\_\_ I do not waive my right to review a copy of this letter at any time.

\_\_\_\_\_ I grant permission to provide a verbal reference.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**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.**