FERPA Release for Reference Request

PLEASE PRINT			
Name of Student		Student G#	
First	Middle	Last	
I authorize Check all that apply:	to serve	as a reference	for me for the purposes of the following.
Graduate School			
Employment			
Internship/fieldwork			
Other (please describe)			
	ations. This evaluationom and/or my performed to: y, attach additional nam	on could be base mance in his or nes and contact in	formation on a separate page)
Address			
City, State Zip			
Attention			
	nited to my grades, GF	PA, class rank, s	te him/her to provide any academic scholarships, honors, awards, and cants.
I waive /do not waive	my right to re	view a copy of t	he letter(s) at any time in the future.
This Authorization is effective from	(Month/Y	ear) to	(Month/Year)
Student Signature			Date

The writers of the letters of recommendation need to retain this form in their files *and* note somewhere on the form or attach a copy of each letter written per the release so that GVSU can verify which places were sent information pursuant to the release.