

## **FERPA Release for Reference Request**

Name of Student:	Student G#:
I authorize	to serve as a reference for me for the purposes of reference
•	elease information about me and provide an honest evaluation from s. This evaluation could be based upon my involvement in activities or by performance in his or her class(es).
This information may be released to:	
Name of institution/business	
Address	
City, State Zip	
Attention	
	record, I authorize him/her to provide any academic information, PA, class rank, scholarships, honors, awards, and comments from
I waive my right to review a copy of t	he letter at any time in the future.
I do not waive my right to review a co	opy of the letter at any time in the future.
Student Signature:	Date :

The author of the letter should retain this form for their files.