

RECOMMENDATION/EVALUATION AUTHORIZATION AND WAIVER

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations that contain student academic information, in accordance with FERPA regulations, school officials must request that students (past or present) submit this authorization/waiver prior to providing FERPA-protected student information to third parties.

Name of William Peace University Official Making Recommendation or Evaluation:

Type of Disclosure: (Check ALL that apply)

- Letter of Recommendation
- Verbal Recommendation/Evaluation
- Evaluation Form
- Other: (Please specify) _____

Person(s) to whom education records may be provided (check one):

- All potential employers
- Any educational institution
- Only to the following: (Please specify) _____

Purpose of release:

- Employment
- Admission to an Educational Institution
- Other: (Please specify) _____

Waiver of access:

- I waive the right to review the requested recommendations(s)/evaluation(s)
- I **DO NOT** waive the right to review the requested recommendation(s)/evaluations(s).

By signing below, I authorize the William Peace University official named above to consult my education records at William Peace University, and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).

I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the William Peace official name above, but that such revocation will not affect any waiver or access to records obtained or received prior to delivery of the written revocation. I also understand that a copy of this authorization/waiver may be sent with the recommendation(s)/evaluations)

Student's Signature and Parent/Guardian (if student is under 18) Date

Student Name (Printed) Date