

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights concerning the privacy of their education records. Duquesne University, in compliance with FERPA, requires the written consent of students before releasing protected information from education records that may be included in letters of recommendations or academic references for third-parties. To consent to the release of protected information to a third-party for such purposes, students must complete this form and present it to the appropriate school official. Whether a recommendation or reference will be provided is at the discretion of the school official.

Print Student Name: _____ **Student ID:** _____

Duquesne School Official Name: _____

Purpose of Release (*check all that apply*):

Employment Admission to an Educational Institution

Other (*please specify*): _____

Type of Disclosure (*check all that apply*):

Letter of Recommendation Evaluation Form Verbal Recommendation/Evaluation

Other (*please specify*): _____

Information that May Be Released (*check all that apply*):

Courses/Grades Class Rank Grade Point Average (GPA) Scholarships/Awards

Any educational and other records to which the recommender has (or has had) access in making academic and/or employee evaluations and decisions (including but not limited to examinations, essays, internships, practicums, papers, evaluations)

Other (*please specify*): _____

Person or Organization to Whom this Information May Be Released:

All Potential Employers Any Educational Institution **OR** Only to the following:

Contact Name: _____

Address: _____ Email (if preferred delivery): _____

Phone: _____

Waiver of Access (*check one*):

I waive the right to review the requested recommendation(s)/reference(s)

I do not waive the right to review the requested recommendation(s)/reference(s)

I, the undersigned, authorize the above person to release information and provide a letter of recommendation/academic reference. I have a right to receive a copy of such written recommendation unless I waive this right. This consent shall remain in effect until revoked by me in writing. I agree to release Duquesne University and its officers, employees, and agents from all claims and liabilities for damages, known or unknown, that may result from compliance with this request.

Student's Signature: _____ **Date:** _____