

FERRIS STATE UNIVERSITY

LETTER OF RECOMMENDATION / VERBAL REFERENCE RELEASE

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential, non-directory information about a student without the student's consent. A student may waive this right for university officials when written letters of recommendation or verbal references are requested.

Faculty and Staff: Writing a letter of recommendation or providing verbal reference may require express, written permission from a student to (1) access the student's educational records, and (2) disclose confidential (non-directory) information about the student to a third party. Faculty/staff must retain this form for a period of five years or forward to registrar@ferris.edu.

Instructions for Students : Complete, sign and return this form to the university faculty or staff member in person or by emailing it from your ferris.edu account to your evaluator's ferris.edu account. This form is not a request to provide a recommendation, but permission to use the content of these records.

Student Name: _____ Student ID#: _____

Student Ferris Email: _____ Student Phone #: _____

I hereby give permission to (list all that apply) _____

to write a letter of recommendation or provide a verbal reference on my behalf including the following confidential information:

Information that can be found on my Ferris State University transcript (courses, GPA, grades, etc.)

Information included in a provided curriculum vitae, resume, or personal statement.

Any other confidential records the recommender can access (academic or employee evaluations, essays, exams, papers, projects, teaching/clinical evaluations, etc.)

Other (specify): _____

I grant the employee named above consent to provide a letter of recommendation or verbal reference to the following recipient: (Please use a new form for each recipient)

Recipient Name: _____ Recipient Email: _____

Address: _____

I authorize the stated faculty or staff member to provide a written or oral recommendation in which they may provide information from my education or other records at Ferris State University. I understand that I have the right (1) not to consent to the release of my education records for this letter; (2) to receive a copy of this letter upon request unless I waive that right; and (3) to revoke this consent in writing at any time, but that any such revocation shall not affect disclosures previously made prior to the receipt of a written revocation request.

___ I waive my right to review a copy of this letter or to know the contents of any oral communication.

___ I do not waive my right to review a copy of this letter or to know the contents of any oral communication.

Student Signature: _____ Date: _____