Completion of this form authorizes a Glenville State University faculty or staff member to access and use a student's education records (as appropriate) to write a letter of recommendation or provide a verbal reference. This form should be completed and delivered to each faculty or staff member whom you are asking to write a letter of recommendation or provide a verbal reference for you.

Student/Alum Name: _____ GSU ID#: _____

Student/Alum Email: _____ Phone #: _____

I authorize the individual listed below to write a letter of recommendation or provide a verbal reference to any party on my behalf:

Name: _____ Title: _____

The purpose of the information to be released (select all that apply):

† Employment   † Admission to an educational institution or program   † Scholarship   † Military
† Other (please specify): _____

I authorize to include the following non-directory information in a letter of recommendation/verbal reference (check all that apply):

† Grades   † GPA   † ACT/SAT Test Scores   † Courses completed   † Research   † Clubs/Organizations
Performance in: † Internship   † Work Experience   † Practicum   † Work Study employment   † Classroom
† Other (please specify): _____

I understand that (1) I have the right to not consent to the release of information from my student education records; (2) I have the right to receive a copy of the letter of recommendation upon request unless I waive that right; (3) I have the right to know the content of any verbal reference upon request unless I waive that right; (4) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the individual indicated above, but that any such revocation shall not affect disclosures previously made by the individual prior to the receipt of any such written revocation. To revoke this release, complete and submit the FERPA Revocation Form and check the appropriate box.

† I waive my right to review a copy of the letter of recommendation or the content of any verbal reference.
† I do not waive my right to review a copy of the letter of recommendation or the content of any verbal reference. I understand I must directly request a copy from the above named recommender.

Student/Alum Signature: _____ Date: _____

STUDENT/ALUM: Submit this completed form directly to the faculty/staff member you have indicated above.
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