

FERPA Agreement Form

Permission to Release Educational Records and Information

Student Name: _____ Student ID: _____

In accordance with the *Family Educational Rights and Privacy Act of 1974* (FERPA), the student or the parent or legal guardian of the student whose name appears above, authorizes (instructor/staff name): _____

to write a recommendation in which he/she may reference the following educational records and information:

Grades GPA Coursework Extra-curricular Activities/Awards/Recognition Other: _____

The purpose of the letter of recommendation: Application(s) Scholarship(s) Other (ie: Summer Program)

Please list all colleges to which you will apply and indicate whether they are COMMON APPLICATION (CA) colleges or NON-COMMON APPLICATION (NON-CA) colleges. Please list full name without abbreviation.

**Non-Common Application college: Provide electronic information, links, email address, or any required forms & stamped envelope with no return address for any non-electronic submissions.*

COLLEGE NAME	COLLEGE DEADLINE	CA	NON-CA
1. University of California, Los Angeles	11/30/2018		X
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

I understand that I have the right not to consent to the release of my education records; this consent shall remain in effect until revoked by me, in writing, and delivered to the recommender, but any such revocation shall not affect disclosures previously made prior to the receipt of any such written revocation.

- I waive my right to review a copy of this letter at any time in the future.
 I do not waive my right to review a copy of this letter at any time in the future.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____