

# 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
EXAMPLE: University of Southern California	12/3/2018	X	
1.			
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: \_\_\_\_\_