

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 my educational records and information.

Please list all colleges to which you will apply via the **COMMON APPLICATION** and for which you are requesting a letter of recommendation and Secondary School Report. **Please list full name without abbreviation.**

College Name	College Deadline (1. earliest date to 10. latest date)	Counselor Use Only Completed	
		SSR/LOR	MYR
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please list all **NON - COMMON APPLICATION COLLEGES (DO NOT INCLUDE UC OR CSU SCHOOLS)** or **SCHOLARSHIPS** for which you are requesting a recommendation or form. **Provide electronic information, links, email addresses, or any required forms & stamped envelopes addressed with no return address for any non-electronic submissions.**

College or Scholarship Name	Deadline (1. earliest date to 7. latest date)	Counselor Use Only Completed	
		Initial	MYR
1.			
Method of Delivery:			
2.			
Method of Delivery:			
3.			
Method of Delivery:			
4.			
Method of Delivery:			
5.			
Method of Delivery:			
6.			
Method of Delivery:			
7.			
Method of Delivery:			
8.			
Method of Delivery:			
9.			
Method of Delivery:			

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.

Adult Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

This information is released subject to the confidentiality provisions of the FERPA and other applicable state and federal laws regulations, which prohibit any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.