



**Authorization for Disclosure of Information from Student Records  
for Letter of Recommendation or Reference**

In accordance with the federal Family Educational Rights and Privacy Act (FERPA) I understand that, in general, the disclosure of confidential information contained in my student records (for example, my GPA) requires my written consent.

By signing below, I \_\_\_\_\_ (student name) hereby request and authorize \_\_\_\_\_ (faculty name) to do the following (check all that apply):

**Nature of Request**

- Write a letter of recommendation or reference
- Complete an evaluation form
- Provide information in person or over the phone
- Review my transcripts, other student records, and employment records at GSON and other educational institutions for the purposes of preparing a recommendation or responding to requests for information about me
- Other \_\_\_\_\_

**Purpose of Disclosure**

- Employment application
- Application for admission to educational institution or program
- Application for scholarship, grant, funding, honor, or award
- Other \_\_\_\_\_

**Records and Information to Be Disclosed (check all that apply)**

- Degree verification
- Transcripts and information from transcripts
- GPA and specific course information
- Faculty member's personal observations and knowledge about me, including, but not limited to, attitude, performance in class, motivation, abilities, and/or background
- Other \_\_\_\_\_

**Parties to Whom Information May Be Disclosed**

(Please include potential employers or schools and name institution and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waiver of Access (check one)**

I  waive  
 do not waive  
my right to see recommendations or other written information prepared pursuant to this authorization.

\_\_\_\_\_  
Signature Date