



Spokane Falls Community College LETTER OF RECOMMENDATION RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential, non-directory information about a student without the student's consent. A student may waive this right for faculty and staff when written letters of recommendation are requested.

Completion of this form authorizes an individual to appropriately use a student's education record to provide requested information. This authorization to provide a recommendation is valid for (1) year from the date of the signature below.

Student's Name: _____ Student's ID #: _____

Name of individual authorized to release Academic Information: _____
(Name of faculty/staff)

I give the individual listed above permission to write a letter of recommendation to:

(Name of persons, businesses, institutions or services)

I give my permission to include the following non-directory information in this letter of recommendation:

- | | | |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Thesis | <input type="checkbox"/> Professional Behavior |
| <input type="checkbox"/> Research | <input type="checkbox"/> Test Scores | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> GPA | <input type="checkbox"/> Class Rank | |

I understand that, under FERPA, I have a right to review a copy of my education records upon request, unless I choose to waive that right. With that understanding, I make the following decision:

- I waive my right to review a copy of this recommendation.
- I do NOT waive my right to review a copy of this recommendation.

Student Signature: _____ Date: _____

Received By: _____ Date: _____
Faculty/Staff Signature

STUDENT: complete this form and email as an attachment or deliver in person to the faculty or staff member you wish to write a letter of recommendation for you.

FACULTY/STAFF: return a signed copy of this form to the SFCC Registrar, MS 3011

Office of the Vice President of Student Services