



Recommendation Letters and References Permission to Release Education Record Information

Please complete and submit this form to each faculty or staff member from whom you have requested Recommendation Letters or References.

Note: Please assist the faculty/staff member in preparing your recommendation or reference by providing supporting information along with your request. Examples of information that might be helpful: résumé, transcript, and a description of the position or program for which you are applying.

Name: _____ Student ID Number: _____
First Middle Initial Last

Current Student Graduate (*Graduation Date:* _____)

I hereby authorize _____ (*print individual's name*) to write one or more letters of recommendation, or give one or more references, on my behalf to:

- All prospective judges/justices, all prospective employers, and all organizations considering me for a fellowship, scholarship, or award
- All educational institutions to which I seek admission
- Specific judges/justices, employers, organizations, or educational institutions (*list on reverse side and attach additional sheets if necessary*)

The following information may be included in the recommendation letters or references (mark all that apply):

- General Academic Performance Class Rank
- Grades Courses Attended
- GPA Other: _____

References may be given in the following form(s):

- Oral Written

I understand that under the Family Educational and Privacy Rights Act, as amended (FERPA), I have the right to review and receive a copy of any recommendation letters or references provided pursuant to this authorization. I understand that if I waive that right I will not have the right to inspect any such document at a later date.

Check one:

- I waive my right to review and receive a copy of any recommendation letter(s) or reference(s) at any time in the future
- I do not waive my right

This waiver shall remain in effect until revoked by me in writing and delivered to the above-named person, but any such revocation shall not affect disclosures made by the above-named person prior to receiving the revocation.

Student/Graduate Signature: _____ Date: _____

Note: It is recommended that this waiver be kept on file for at least one (1) year. If you have questions concerning the confidentiality and release of student information, please contact the Registrar's Office at (207) 780-4346 or by email at brenda.berry@maine.edu.

