

## Letter of Recommendation Release



Name of Student \_\_\_\_\_  
(Print Name) (Student ID #)

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize any university official to write a letter of recommendation in which he/she may reference any educational record, including classroom performance, of which the evaluator is aware.

This purpose of the information to be released (select all that apply):

\_\_\_\_ Employment  
\_\_\_\_ Admission to an educational institution  
\_\_\_\_ Other (specify) \_\_\_\_\_

The information should be released to:

\_\_\_\_ Any institution or employer I designate [*provided by the student*]

Or

\_\_\_\_ To an Individual [*name and address of receiving party provided by student*]

To: \_\_\_\_\_

Address: \_\_\_\_\_

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

I understand further that (1) I have the right not to consent to the release of my education records for this letter; (2) I have the right to receive a copy of this letter upon request unless I waive that right; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to University of Denver (DU), but that any such revocation shall not affect disclosures previously made by DU 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's Signature Date

Your typed name will constitute a signature for emailed forms.

Upon completion of this form the student must submit to the evaluator.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.