

Spokane 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:	S	tudent's ID #:
Name of individual authorized to release Acade Information:	emic	
		(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:		
☐ Grades ☐ Research ☐ GPA	☐ Thesis ☐ Test Scores ☐ Class Rank	☐ Professional Behavior☐ Other, please specify:
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 SCC Registrar, MS 2151

Office of the Vice President of Student Services

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