Office of Student Assistance
Waiver of Right to Review Confidential Letters and Statements of Recommendation

The Family Educational Rights and Privacy Act (FERPA) provides individuals with, among other things, the right to review their education records, which may include confidential letters (“Letters”) and statements of recommendation (“Statements”). However, you may waive your right to review certain Letters and Statements written on your behalf that relate to your admission to an educational institution or program, your application for employment, or your receipt of an honor or honorary recognition. A waiver of this sort is voluntary. If you wish to waive your right under FERPA to review some or all of these Letters or Statements, or an individual Letter or Statement, please mark the appropriate box (or boxes) below.

I waive my right under FERPA to review the following categories of Letters or Statements:

☐ All Letters and Statements related to my admission to an educational institution or program
☐ All Letters and Statements related to my application for employment
☐ All Letters and Statements related to my receipt of an honor or honorary recognition

OR

☐ A specific Letter or Statement

If you waive your right to review a specific Letter or Statement, please indicate:

__________________________________________

The author of the Letter or Statement

__________________________________________

The date (or estimated date) of the Letter or Statement

__________________________________________

The recipient of the Letter or Statement

Note: This waiver may be revoked at any time by completing a Revocation of Waiver of Right to Review Confidential Letters and Statements of Recommendation form. Any such revocation does not authorize you to review Letters or Statements written while this waiver was in force.

By signing below I waive my right under FERPA to access the Letters or Statements marked above.

_____________________________________________________

_____________________________________________________

Print Name of Student                      Student ID No.

_____________________________________________________

_____________________________________________________

Signature of Student                      Date

Please forward this completed form to the Office of Student Assistance on any campus.