

Authorization to Release Information for a Recommendation and/or Evaluation Iowa State University

Name of Student (Last, First, MI): _____	Date: _____	University ID: _____
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA recommendations, **school officials must request that students complete and submit this authorization/waiver, or its equivalent, to them prior to providing FERPA-protected student information to third parties.** For additional information regarding FERPA, please visit <http://www.registrar.iastate.edu/policies>

SECTION A. Iowa State University official providing the recommendation and/or evaluation	
Name _____	Department _____
SECTION B. Type of disclosure (check all that apply)	
<input type="checkbox"/> Letter of Recommendation	<input type="checkbox"/> Verbal Recommendation or Evaluation
<input type="checkbox"/> Evaluation Form	<input type="checkbox"/> Other (please specify) _____
SECTION C. Person(s) to whom education records may be provided (check one)	
<input type="checkbox"/> Potential Employers	
<input type="checkbox"/> Educational Institution or Official	
<input type="checkbox"/> Other (please specify) _____	
SECTION D. Purpose of the information release (check all that apply)	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Admission to an Educational Institution	
<input type="checkbox"/> Other (please specify) _____	
SECTION E. Duration of release (check one)	
<input type="checkbox"/> One time release: This authorization is valid for a one-time release only _____ (date)	
<input type="checkbox"/> Limited release: This release will remain in effect until _____ (date)	
<input type="checkbox"/> Unlimited release: This release will remain in effect unless I revoke authorization in writing.	
The Iowa State University official providing the recommendation and/or evaluation must retain a copy of this authorization up to one after expiration or post separation.	
SECTION F. Authorization of access (check one)	
<input type="checkbox"/> I <u>waive</u> the right to review the requested recommendation(s)/evaluations(s).	
<input type="checkbox"/> I <u>do not waive</u> the right to review the requested recommendation(s)/evaluation(s).	
By signing below, I authorize the Iowa State University official named in Section A above to consult my education records at Iowa State University, and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).	
I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the Iowa State University official named in Section A above, but that such a revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this authorization/waiver may be sent with the recommendation(s)/waiver(s).	
_____ Student's signature	_____ Date

This information is released subject to the confidentiality provisions of 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.