

FERPA RELEASE FOR LETTER OF RECOMMENDATION AND REFERENCE

Instructions for Faculty and Staff: This release form should be used when a current or former student asks you, as a school official, to write or submit a recommendation that contains non-directory information from the student's education records. Once completed, you should keep it on file for one calendar year.

Instructions for Students: Please complete and sign this release form before returning it to the Towson University faculty or staff member whom you are asking to write or submit a recommendation or reference.

The following is to be completed by the student:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned student, hereby authorize _____ (TU faculty/staff member name) to write a letter of recommendation and/or provide an oral reference directly to:

List name(s) of person and/or **specific** organization, institution, or business to whom this information can be released. Do not use general terms like "Graduate Schools" or "Potential Employers." The name of an institution or business must be listed. Acceptable examples: "Towson University Graduate School", "The National Science Foundation" or "The Baltimore Ravens."

The purpose of the information to be disclosed (select all that apply):

- ☐ Admission to an educational institution
- ☐ Employment
- ☐ Other (please specify) _____

I give my permission for _____ (TU faculty/staff member name) to include the following non-directory information in the letter of recommendation or oral reference (select all that apply):

- ☐ Towson University course grades, GPAs, and class rank (if available)
- ☐ Any education record to which the faculty/staff member has (or has had) access in making (for example, examinations, essays, term papers, and evaluations)
- ☐ Directory information* (major, class standing, dates of attendance, etc.)
- ☐ Other (please specify) _____

* Typically, permission is not required for the release of directory information, unless the student has filed a non-disclosure notice with the Registrar's Office. Checking this box will override that restriction for the purposes of this specific release (see: [TU Policy 03-06.30 – Disclosure of Student Education Records](#)).

I hereby waive/do not waive my right to review a copy of the recommendation letter or to know the contents of any oral communication:

- ☐ Waive
- ☐ Do not waive

Student's name: _____ Student's e-mail: _____

Student's signature: _____ Date: _____

(Typing your name is considered a valid signature.)

****This release is valid for one year from the date above.**