



# Spokane Falls 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: \_\_\_\_\_ Student's ID #: \_\_\_\_\_

Name of individual authorized to release Academic Information: \_\_\_\_\_  
*(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:

- |                                   |                                      |   |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Grades   | <input type="checkbox"/> Thesis      | <input type="checkbox"/> Professional Behavior        |
| <input type="checkbox"/> Research | <input type="checkbox"/> Test Scores | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> GPA      | <input type="checkbox"/> Class Rank  |   |

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 SFCC Registrar, MS 3011**

Office of the Vice President of Student Services