

**LETTER OF RECOMMENDATION
CONSENT TO RELEASE EDUCATION RECORD INFORMATION**

In order to maintain compliance with the Family Educational Rights and Privacy Act (FERPA), any member of the faculty or staff who writes a letter of recommendation that includes personally identifiable information obtained from a student's education record (grades, GPA, class rank, etc), should obtain this signed Authorization from the student.

This authorization form may be used if the student does not provide a similar official and signed authorization document granting permission for faculty/staff to share his or her education record.

Please print legibly:

I _____ (name of student) authorize _____
(name of OU faculty/staff) to write and send a letter of recommendation on my behalf to the individuals listed below.

I expressly authorize the inclusion of my grades, GPA, class rank and any other information from my education records in this letter. I am requesting this letter for the purpose of _____
(for example, application to another educational institution, employment, nomination for an honor or honorary recognition).

I *waive / do not waive* (student **must** circle one) my right to inspect and review a copy of this letter. I understand that I have the right to revoke this waiver at any time by delivering a written revocation to the OU faculty/staff member identified above, but that such revocation will only be effective with respect to any actions occurring after receipt of the revocation.

Student's Signature

Date

Please send letters of recommendation to:
(Attach second sheet if necessary)

Name	Address (Street, City, state, Zip code)	Phone (Area Code)

The signed form should be retained in the student's file.

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