



Instructions: Students/Alumni, please read and fill out the appropriate sections of this form before delivering it to the Stonehill College faculty or staff member(s) whom you are asking to write a letter of recommendation or serve as a reference for you. A separate form must be submitted for each faculty or staff member request.

This form's permission to release information applies, but is not limited to, electronic forms, phone calls, employment forms, internship referrals or graduate school applications. If your permission was already provided as part of an application process (for example: on a graduate school or employment application), the Stonehill College FERPA Release form does not need to be completed, as it would be duplicative.

Non-directory information from student education records may not be included in a letter of recommendation without the student's written consent. Examples of non-directory information include GPA, grades/academic performance, and performance in work/study positions or internships.

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby authorize the faculty/staff member indicated below to write a letter of recommendation or otherwise serve as a reference in which the faculty/staff member may discuss information contained in my student education records (such as performance in classrooms, student activities, work/study employment, and internships).

Name of Faculty/Staff Member: \_\_\_\_\_

The information should be released to: (name, address, other contact information of receiving party):

I understand further that (1) I have the right not to consent to the release of information from my student education records; (2) I have a right to receive a copy of the faculty/staff member's letter of recommendation upon request unless I waive that right (note that the entity receiving the letter may require, by virtue of your participation in their process, that you agree to waive the right to review the recommendation letter); (3) and this consent shall remain in effect until revoked by me, in writing, and delivered to the faculty/staff member, but any such revocation shall not affect disclosures made by the faculty/staff member prior to the receipt of any such written revocation.

\_\_\_ I waive my right to review a copy of the letter of recommendation.

\_\_\_ I do not waive my right to review a copy of the letter of recommendation.

Upon completion of this form, the student/alumni should submit it to the faculty/staff member.

Student/Alumni Printed Name: \_\_\_\_\_

Student/Alumni Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_