OAK POINT UNIVERSITY

Consent for Letter of Recommendation

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 or alumnus' education record (grades, GPA, class rank, etc.), should obtain signed Authorization from the student. For additional information on FERPA, visit the US Department of Education's website at http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Instructions for completing this form:
1. The form must be fully completed and signed by the student
2. Email the completed form to registrar@oakpoint.edu

SECTION 1: Student Information

Name: _____ Student ID# or Last 4 Digits of SSN: _____

Phone Number: _____ Date of Birth: _____

Program: _____ Email: _____

SECTION 2: Recommendation Information

A. **Education records to be released (check all that apply):**

☐ GPA
☐ Grades
☐ Course and Clinicals Attended
☐ Academic Performance

B. **Person to whom you authorize to provide a letter of recommendation*:***

_____
Name of Faculty/Staff Member

C. **Send letter of Recommendation to*:***

Provide the organization/contact name, mailing address, email and/or fax number where the letter will be delivered.

_____

_____

_____

SECTION 3: Authorization and Signature

I give Resurrection University permission to release the specific information to the individual or part listed above. I understand this information is one time only and is valid for the specific purpose of my letter of recommendation. I understand that should I need future letters of recommendation; I will need to complete another consent form. Resurrection University is not responsible for the release of any of the above information.

☐ **I Waive** ☐ **Do Not Waive** (**student <u>must</u> check 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 RESU 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/Alumnus' Signature   Date

Office Use Only:
Processed by: _____ Date: _____

We accept signed and scanned requests attached via your Oak Point Email address to Registrar@oakpoint.edu