



RECOMMENDATION/EVALUATION AUTHORIZATION AND WAIVER

Name of Student (Last, First, Middle Initial): _____

Student ID: _____

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, school officials must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties. For more information regarding FERPA, please visit the Aultman College website at www.aultmancollege.edu or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

SECTION A. Aultman College official making recommendation or evaluation:

Name of Aultman College official making recommendation or evaluation

SECTION B. Type of disclosure (check all that apply):

- Letter of Recommendation
- Evaluation Form
- Verbal Recommendation/Evaluation
- Other (please specify): _____

SECTION C. Person(s) to whom education records may be provided (check one):

- All Potential Employers
- Any Educational Institution
- Only to the following (please specify): _____

SECTION D. Purpose of release (check all that apply):

- Employment
- Admission to an Educational Institution
- Other (please specify): _____

SECTION E. Waiver of access (check one):

- I waive the right to review the requested recommendation(s)/evaluation(s).
- I DO NOT waive the right to review the requested recommendation(s)/evaluation(s)

By signing below, I authorize the Aultman College official named in Section A above to consult my education records at Aultman College, and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s). I understand that my authorization is not required for a College official to disclose subjective observations or assessments in which he/she has of me or information classified as directory information under College policy.

I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the Aultman College official named in Section A, but that such revocation will not affect any waiver of access to records obtained or received prior to the delivery of such written revocation. I also understand that a copy of this authorization/waiver may be sent with the recommendation(s)/evaluation(s).

Student's Signature

Date