



# Release for Recommendation

Student Name: \_\_\_\_\_ Student NSHE ID: \_\_\_\_\_

## I. Purpose of Recommendation

I give permission for \_\_\_\_\_ to provide a recommendation on my behalf for the purpose of (*check all that apply*):

\_\_\_\_\_ An employment application.

\_\_\_\_\_ A scholarship or honorary award application.

\_\_\_\_\_ Admission to another educational institution, including graduate and professional programs.

## II. Recommendation Format

The recommendation may be given in the following form(s) (*check all that apply*):

\_\_\_\_\_ Written recommendation letter, which should be mailed to: (*provide full mailing address*)

\_\_\_\_\_ Oral/verbal recommendation provided in person or over the phone.

## III. Recipient of Recommendation

The recommendation can be provided to (*list any organization(s), university(ies), employer(s), individual(s), or other group(s) that may receive the recommendation*):

\_\_\_\_\_

## IV. Allowable Information

This recommendation can include the following information (*check all that apply*):

\_\_\_ Any information on my NSC transcript, including my grades and courses taken.

\_\_\_ Any information on my curriculum vitae (CV) or resume.

\_\_\_ Any information included on my personal statement or cover letter.

\_\_\_ Any educational and other records that the recommender has (or has had) access to, including, but not limited to, exams, essays, term papers, advising notes, GPA, and evaluations from student teaching, fieldwork, internships, or other external placements.

## V. FERPA Waiver Option

Under the Family Educational and Privacy Rights Act (FERPA), you may, but are not required to, waive your right to access confidential references provided by faculty or staff. If you waive (give up) your right to access or view your references, the waiver is permanent.

**I waive my right to view a copy of my letter of recommendation or to know the content of any oral communication, now and in the future (check one):**

Yes                       No

**VI. Student Signature**

This release to provide recommendations is valid for one (1) calendar year from the date of my signature below. It applies only to the recipients listed in Section III above.

Student signature: \_\_\_\_\_

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

**Instructions for the student:** Identify faculty or staff members who will complete a recommendation for you and provide this signed Release for Recommendation form to each. If you wish to add recipients, you must submit a new release form with the additional information.

**Instructions for faculty/staff:** Retain a copy of this waiver for your personal files. Be sure that any recommendation you provide covers only information, and is provided only to individuals/organizations, allowed in this release. Without a release, you may not refer to any information covered by FERPA in your recommendation; this includes course and assignment grades, the student's GPA, Honors status, notes entered into Starfish or other systems to track advising and other interactions/services, and disciplinary records. For more information, read NACE's [FERPA Primer](#).