



COLLEGE OF ARTS AND SCIENCES  
DEPARTMENT OF RELIGION

**FERPA Waiver – Letter of Recommendation**

I give permission to \_\_\_\_\_ (print name) to write a letter of recommendation that includes my grades, GPA, and class rank to:

Name/Institution: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

I waive my right to review a copy of this letter any time in the future.

I do not waive my right to review a copy of this letter any time in the future.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed form must be retained by faculty for five years.

*Revised September 2018*