



CONSENT/WAIVER FORM FOR STUDENT RECOMMENDATIONS/EVALUATIONS
OKLAHOMA STATE UNIVERSITY

Name of Student (Last, First, Middle initial) _____ Student ID _____ Date _____

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 additional information regarding FERPA, please visit OSU's FERPA website at http://registrar.okstate.edu/index.php?option=com_content&view=article&id=12@Itemid=8 or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Section A. Name of OSU official making recommendation or evaluation:

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

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

Section C. Person(s) to whom education records may be provided (check all that apply):

- All Potential Employers
- Any Educational Institution or Scholarship/Educational Funding Organization
- Only to the following (please specify): _____

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

- Employment
- Admission to an Educational Institution
- Scholarship or other Educational Funding Program
- 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 OSU official named in Section A above to consult my education records at OSU and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).

I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the OSU official named in Section A above, but that such revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation.

Student Signature: _____ Date: _____

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records should not be released if any section of this form is not filled out entirely.
2. Completed forms should be maintained by the school official named in Section A above.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.