KENT STATE UNIVERSITY

LETTER OF RECOMMENDATION/VERBAL REFERENCE RELEASE

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential, non-directory information about a student without the student's consent. A student may waive this right for university officials when written letters of recommendation or verbal references are requested.

<u>Student:</u> Complete this release form to authorize a Kent State University employee access to your education record or other documentation you provide (e.g., resume, curriculum vitae, transcript etc.) for the purpose of constructing a recommendation. This form is not a request to provide a recommendation, but permission to use the content of these records. Each employee should be individually contacted to provide a reference.

Student's Name: _____ Student's KSU ID #_____

Student's Email: _____ Student's Phone #_____

I authorize the following KSU employee to write a letter of recommendation or provide a verbal reference on my behalf:

Employee's Name: _____Employee's Title:_____

(Submit one form for <u>each</u> employee.)

I grant the employee named above consent to provide a letter of recommendation or verbal reference to the following recipient(s):

Recipient's Name:_____Recipient's Email: _____

Recipient's Address:_____

(List person, business, institution, employer or service. Use a separate sheet for additional recipients.)

☐ **I grant the employee named above consent to write a letter of recommendation or provide a verbal reference to ANY party.**

I give my permission to include the following non-directory information in a letter of recommendation/verbal reference (check all that apply):

☐ Any information on my Kent State University transcript including my grades, GPA and courses taken.
☐ Any information on the attached resume or curriculum vitae.
☐ Any educational or other records to which the employee has access to make academic and/or employment evaluations and decisions (including but not limited to examinations, essays, teaching/clinical evaluations, class rank, etc.).
☐ Other (specify): _____

The purpose of the information to be released (select all that apply):
☐ Admission to an educational institution or program ☐ Seeking employment   ☐ Military/Officer Candidate School
☐ Scholarship eligibility   ☐ Other (specify):_____

I understand that (1) I have the right not to consent to the release of my education records for this letter of recommendation; (2) I have the right to receive a copy of this letter upon request unless I waive that right; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Kent State University to the recipient provided for above, but that any such revocation shall not affect disclosures previously made by Kent State University prior to the receipt of any such written revocation.

I understand that, under FERPA, I have a right to review a copy of my education records upon request unless I choose to waive that right. With that understanding, I make the following decision regarding this recommendation:

☐ **I waive my right to review a copy of this letter of recommendation or to know the content of any verbal reference.**
☐ **I do NOT waive my right to review a copy of this letter of recommendation or to know the content of any verbal reference.**

I, the undersigned, release from all claims and agree to indemnify and hold harmless the individual providing this evaluation, Kent State University, its Board of Trustees, agents, officers, and employees, for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, for any statements made, consequences realized, or third party actions resulting from such recommendation, written or oral.

Student's Signature: _____ **Date:** _____