Student Permission for Faculty or Staff to Release Information as a Reference

Without a student’s written authorization, Pacific University employees cannot discuss any of his/her personal information with others. Therefore, students requesting a letter of reference or a telephone reference from a faculty or staff member must authorize the release of information from their education records. Students can do this by completing this form and providing a signed copy to the faculty or staff member providing the reference. This signed release should be kept by the employee and will remain in effect until the student leaves Pacific University or the employee is notified in writing by the student of his/her wish to change this authorization.

A recommender’s statements based on personal observations or knowledge do not require a written release from a student; however, personally identifiable information from the student’s educational record (GPA or grades, or job performance and/or responsibilities, for example) may be included in a reference only if the recommender has a signed release from the student that, 1) specifies the records that may be disclosed, 2) states the purpose of the disclosure, and 3) identifies the party or class of parties to whom disclosure may be made (Adapted from Guidelines for Postsecondary Institutions for Implementation of the Family Educational Rights and Privacy Act of 1974).

I, ________________________________________ (Pacific University Student’s printed name), give permission for __________________________________________ (Pacific University employee’s printed name) to serve as a reference in the following manner(s) (check one or both): ______ Oral ______ Written to the following person(s), company(ies), institution(s) [you may be specific (for example, the name of a prospective employer) or general (“all prospective employers”)]:

____________________________________

____________________________________

____________________________________

____________________________________

With my signature, I grant permission to the person indicated above to include my personally identifiable information in a letter of recommendation or as an oral reference.

I WAIVE / DO NOT WAIVE (circle one) my right to review a copy of said letter(s) of recommendation at any time in the future.

____________________________________ Student Signature date