



FERPA Release for Student Recommendation or Reference ("Release")

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their educational records. In order to submit recommendations or references 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.

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

For additional information regarding FERPA, please visit the UL Lafayette Office of the University Registrar's [Student Privacy webpage](#) or the [U.S. Department of Education's website](#).

Form Instructions:

- 1) The student must fully complete and sign this Release form. Records will not be released if any section of this form is not filled out entirely.
- 2) Completed forms and copies of recommendation/reference letters should be maintained by the school official named in Section B below and/or the Registrar's Office **for a period of five (5) years**.

SECTION A: Student Information

NAME (LAST, FIRST)

ULID

DATE

SECTION B: UL Lafayette Official Making the Recommendation or Reference

Name of UL Lafayette Faculty or Staff member making the recommendation or reference:

NAME (LAST, FIRST)

DEPARTMENT

DATE

SECTION C: Type of Disclosure

Letter of Recommendation

Verbal Recommendation/Evaluation

Evaluation Form

Other: _____

SECTION D: Person to Whom Education Record May Be Provided (check all that apply)

All Potential Employers Any Educational Institution

Only to the following* (please specify): _____

* please specify individual's name, address, and phone number/email address

SECTION E: Purpose of Release (check all that apply)

Employment

Admission to an Educational Institution

Other (please specify): _____

SECTION F: Waiver Of Access (check one)

I waive the right to review the requested recommendation(s)/reference(s).

I **DO NOT** waive the right to review the requested recommendation(s)/evaluation(s).

By signing below, I authorize the UL Lafayette faculty/staff member named in the Section B above to consult my education records at UL Lafayette and to disclose such education records, including academic information, as that official considers appropriate in accordance with the above-stated purpose(s).

I understand that I have the right to revoke this Release at any time by delivering a written revocation to the UL Lafayette official named in Section B above, but that such revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this Release may be sent with any recommendation or reference.

STUDENT'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18)

DATE