



# Consent for Letter of Recommendation

Oak Point University  
Office of the Registrar  
Phone: 630-537-9600

In order to maintain compliance with the Family Educational Rights and Privacy Act (FERPA), any member of the faculty or staff who writes a letter of recommendation that includes personally identifiable information obtained from a student or alumnus' education record (grades, GPA, class rank, etc.), should obtain signed Authorization from the student. For additional information on FERPA, visit the US Department of Education's website at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

### Instructions for completing this form:

1. The form must be fully completed and signed by the student
2. Email the completed form to [registrar@oakpoint.edu](mailto:registrar@oakpoint.edu)

### SECTION 1: Student Information

Name: \_\_\_\_\_ Student ID# or Last 4 Digits of SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 2: Recommendation Information

#### A. Education records to be released (check all that apply):

- GPA
- Grades
- Course and Clinicals Attended
- Academic Performance

#### B. Person to whom you authorize to provide a letter of recommendation:

\_\_\_\_\_  
Name of Faculty/Staff Member

#### C. Send letter of Recommendation to:

Provide the organization/contact name, mailing address, email and/or fax number where the letter will be delivered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 3: Authorization and Signature

I give Oak Point University permission to release the specific information to the individual or part listed above. I understand this information is one time only and is valid for the specific purpose of my letter of recommendation. I understand that should I need future letters of recommendation; I will need to complete another consent form. Oak Point University is not responsible for the release of any of the above information.

I Waive  Do Not Waive (student **must** check one) my right to inspect and review a copy of this letter. I understand that I have the right to revoke this waiver at any time by delivering a written revocation to the OPU faculty/staff member identified above, but that such revocation will only be effective with respect to any actions occurring after receipt of the revocation.

\_\_\_\_\_  
Student/Alumnus' Signature

\_\_\_\_\_  
Date

<b>Office Use Only:</b>	
Processed by: _____	Date: _____