



CONSENT FOR RECOMMENDATION FORM

University of Oklahoma Health Sciences

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 in hard copy or electronic format and/or provides verbal assessment of a student's academic performance to a third party that includes personally identifiable information obtained from a student or alumnus' education record (grades, GPA, class rank, professionalism, etc.), must obtain signed authorization.

I _____ authorize _____ to
Student/Alumnus Name Faculty/Staff Name

provide a recommendation on my behalf. I authorize the inclusion of my grades, GPA, class rank and any other information from my education records. I am requesting this recommendation for the purpose of _____.
(E.g. Application to another educational institution, employment, nomination for an honor or honorary recognition)

I waive Do not waive my right to review a hard copy of the letter

I waive Do not waive my right to review verbiage prior to electronic submission

I grant permission to provide a verbal assessment of my academic performance

I understand that I have the right to revoke this waiver at any time by delivering a written revocation to the OU Health Sciences faculty/staff member identified above. Such revocation will be effective with respect to any actions occurring after receipt of the revocation.

Student/Alumnus Signature

Date

Provide Contact Information for Written or Verbal Submission

Name	Mailing Address (Street, City/State, Zip) or Web Link	Phone (Area Code)
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