



CONSENT FOR RECOMMENDATION FORM

University of Oklahoma Health Sciences Center

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 OUHSC 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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