

**CONSENT AUTHORIZATION FORM and
LETTER OF RECOMMENDATION REQUEST**

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.

Please print legibly:

I _____ (name of student) authorize _____
(name of OUHSC faculty/staff) to write and send a letter of recommendation on my behalf to the
individuals listed below.

I expressly authorize the inclusion of my grades, GPA, class rank and any other information from my education records in this letter. I am requesting this letter for the purpose of _____ (for example, application to another educational institution, employment, nomination for an honor or honorary recognition).

I **waive** / **do not waive** (**student must circle 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 OUHSC 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

Please send letters of recommendation to:
(Attach second sheet if necessary. Please type or print legibly.)

Name	Address (Street, City, state, Zip code)	Phone (Area Code)

*This authorization form is to be used if the student does not provide a similar official and signed authorization document granting permission for faculty/staff to share his or her education record.

Return the signed form to the College Dean's Office for placement in the student's file. [OAA-FD 050812]