

FERPA Release: Letter of Recommendation/Verbal Recommendation

Federal law requires that you complete this form and submit it in order for a member of the Physical Therapy Department to write a letter of recommendation, provide a verbal reference, and/or provide any confidential information about your academic history with other individuals. Please PRINT, COMPLETE, SIGN, and hand deliver or mail (not email) this form with each new request for a recommendation or reference, or if you would like a change to be made from a previous submission.

Name:	
Former Name (if name changed after being a student in the Program):	

Graduation Year or Expected Graduation Year):

This recommendation request (check one):

- □ Is an initial request
- □ Is an addition to previous recommendation requests
- □ Supersedes previous recommendation requests

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize the following individual(s) to provide a recommendation for me (check the most applicable boxes):

- □ All Briar Cliff DPT Core Faculty and Staff
- □ All Briar Cliff DPT Core Faculty
- □ All Briar Cliff DPT Staff
- All Briar Cliff DPT Advisory Board Members
- □ All members of the Briar Cliff Financial Aid Department
- Specific Individual(s) (list):

The aforementioned individual(s) may (check all that apply):

- □ Provide a written letter of recommendation/reference
- □ Provide a verbal recommendation/reference
- Discuss confidential academic information

The aforementioned individual(s) may provide the aforementioned modes of disclosure in which he/she may reference the following educational records and information (check all that apply):

□ All confidential information listed below

□ Transcripts □ Student Employment Records Community Service Personal Records **G**PA □ Scholarly Activity □ Academic Records Class Attendance □ Professional Development Clinical Education Records Course Performance □ Race Advisement Records Clinical Education Performance Gender □ Professionalism Records □ Student Activities □ Ethnicity □ Financial Aid Records □ Professional Service

Other (specify):

The aforementioned individuals may provide the aforementioned information, via the aforementioned modes, to the following party(ies) for the following purposes (check one):

 \square All individuals who inquire about confidential information for all purposes

□ The following specified individuals for the following purposes:

Name(s) of Recipient(s)	Address(es) (if written recommendation)	Phone number(s) (if verbal recommendation)	E-mail address(es) (if appropriate)	Purpose(s) (employment, scholarship application, residency/fellowship application, licensure, etc.)	Date Due to Recipient(s) (if just no due date and just want to give permission write N/A)

Please check one of the following:

□ I waive my right to review requested recommendation(s)

I do not waive the right to review any written letters of recommendations

I understand that (1) I have the right to not consent to the release of my education records; (2) I have the right to access such records upon request; and (3) that this release shall remain in effect until revoked by me in writing. If I do revoke this consent, the revocation shall not affect disclosures previously made by the person(s) who provided the recommendation or Briar Cliff University prior to receipt of the written revocation.

I further understand that my consent is not required for the writer to disclose in a letter of recommendation any subjective observations or assessments in which he/she has of me.

Student Signature

Date

THIS 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 THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.