

**Saint Louis University**  
**Recommendation/Evaluation**  
**Authorization and Waiver**

**Form**  
**#26**

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, school officials must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties. For additional information regarding FERPA, please visit <http://ferpa.slu.edu> or the U.S. Department of Education's website at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

Section 1  
Student

\_\_\_\_\_

**Student Name**

\_\_\_\_\_

**Student ID**

Section 2  
School Official

**Saint Louis University official making recommendation or evaluation**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Department**

Section 3  
Type

**Type of disclosure. Check all that apply.**

- Letter of Recommendation**
- Evaluation Form**
- Verbal Recommendation/Evaluation**
- Other** \_\_\_\_\_

Section 4  
Release

**Person(s) to whom education records may be disclosed. Check all that apply.**

- Any Educational Institution**
- Any Scholarship or Award Granting Organization**
- All Potential Employers**
- Only to the following individual** \_\_\_\_\_

**Saint Louis University**  
**Recommendation/Evaluation**  
**Authorization and Waiver**

**Form**  
**#26**

Section 5  
Purpose

Purpose of disclosure. Check all that apply.

- Admission to an Educational Institution
- Application for a Scholarship/Fellowship/Grant/Award
- Employment
- Other \_\_\_\_\_

Section 6  
Review

Waiver of Review. Check one.

- I waive the right to review the requested recommendation(s)/evaluation(s).
- I DO NOT waive the right to review the requested recommendation(s)/evaluation(s).

Section 7  
Authorization

**I understand and acknowledge that:**

- \* By signing below, I authorize the official named in Section 2 to consult my education records and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).
- \* I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the official named in Section 2, but that such revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this authorization/waiver may be sent with the recommendation(s)/evaluation(s).

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Form Procedures**

1. Student completes sections 1, 2, 3, 4, 5 and 6.
2. Student acknowledges policies related to recommendations and evaluations authorization and waiver by signing in section 7.
3. Student submits to official named in Section 2.
4. School official named in Section 2 retains original form.