

EASTERN KENTUCKY UNIVERSITY

Serving Kentuckians Since 1906

Request for Letter of Recommendation

This form may be used by a student to authorize release of non-directory academic information (per FERPA) from his/her education record for the purpose of a letter of recommendation, application to an educational institution, etc.

I authorize	
CHECK an	applicable areas. [1 his authorization is not valid without stadent signature and aute.]
To:	Write a letter of recommendation
	Complete an evaluation form or some assessment instrument (attached)
	Release information verbally
	Other (specify):
To:	All potential employers
	Any educational institution
	Only to the following specified entity [specify name, address (if applicable), or other identifying information below]
	Release above information only to:
I waive () / do NOT waive () my right to see at any time in the future any recommendation(s) or	
information prepared pursuant to this release.	
[Note: If student fails to indicate a choice above it will be assumed that student has waived their right to see recommendation/information.]	
Student name (print):	
Student signature:	
Student EKU ID number: Date:	

If a copy of the resulting letter of recommendation, or other evaluation materials, is kept on file these materials become part of the student's educational record and the student has the right of access and review unless he/she has waived these rights (see above). Directory information may be included in any materials produced by the instructor/staff unless the student has signed a statement requesting nondisclosure, such requests are kept on file by the Office of the Registrar and are noted by the Confidentiality flag on the student's record in Banner. This statement is in accordance with the Family Educational Rights and Privacy Act of 1974(FERPA).