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| FERPA AUTHORIZATIONTO RELEASE STUDENT’S INFORMATION OR REQUESTFOR LETTERS OF RECOMMENDATION |
| **TO: Marquette University**  **Department of Counselor Education & Counseling Psychology** (Check all that you approve below) Click to enter text. **write a letter or recommendation**  Click to enter text. **complete evaluation for** Click to enter text. **release information verbally** Click to enter text. **other:** Click or tap here to enter text.  |
| **TO:** (Check all that you approve below)  Click to enter text. **all potential employers** Click to enter text. **any educational institution** Click to enter text. **only to the following:** Click or tap here to enter text.  |
| **For the following purpose:** (Check all that you approve below) Click to enter text. **employment** Click to enter text. **admission to an educational institution** Click to enter text. **other:** Click to enter text. |
|  Click to enter text. **I authorize you to consult my educational record at Marquette University to reveal such information from my educational record, as you consider appropriate for the purpose stated above.** |
|  **I** (*check one*) **waive** Click to enter text. **do not waive** Click to enter text. **my right to see the recommendation or other information prepared pursuant to this release.** |
| Student Information |
| **Student’s Name:** Click to enter text. | **MU ID #:** Click to enter text. |
| **Student’s Signature**\*: Click or tap here to enter text.\*My typed name on this form serves as my signature and agreement with the contents of this form. |
| **Date:** Click or tap here to enter text. |