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| FERPA AUTHORIZATION  TO RELEASE STUDENT’S INFORMATION OR REQUEST  FOR 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. | |