

Student FERPA Release

Student name (print):	CWID:
In accordance with the Family Educational Rights and Privacy Act undersigned, hereby authorize	(individual/faculty/staff rve as my reference. S/He is c performance and other educational
Admission to another education institution	
Administrative discussion	
Other (please specify)	
The reference may be given in the following form/s (check one or b	ooth spaces):
Written Verbal	
The information should be released to (check all applicable spaces)	:
1 all prospective employers OR specific employer information)	ers (attach contact
2 all educational institutions, including but not limited to P specific educational institutions (attach contact informations)	* *
3 all organizations considering me for an award or scholars organizations (attach contact information)	ship OR specific
This authorization to provide references is <u>valid for one (1) year frobelow</u> , unless I specify an <i>alternative end date here</i> :	om the date of my signature
Under the Family Educational and Privacy Rights Act, 20 U.S. C. required to, waive your right of access to confidential references galisted on this form above. If you waive your right of access, the wait	iven for any of the purposes
I waive my right of access	
Signature	