

Release of Confidential Information

Complete this form when you ask faculty members to write letters of recommendation that might include specific academic information (e.g. grade received). You may also use this form to release information to organizations (e.g. potential employers, scholarship organizations, other schools) or to individuals (e.g. parents, spouse).

Student

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>		<i>Maiden/Former Name</i>	
<i>FPU ID or SSN</i>		<i>Birth Date</i>		<i>Day Phone</i>		<i>Cell Phone</i>	
				<i>Email Address</i>			

1. Who do you want to receive your confidential information? List specific organizations or specific individuals.

2. What type of information do you want to share? List the type of academic information that may be given to the organizations or persons listed above (e.g. grades, G.P.A., class schedule, anticipated graduation date, class schedule, all academic information.) If you wish to give different information to different entities complete a separate form for each entity.

3. Who will write the letter of recommendation or give out the information? Permission to release information is hereby given to: (Check all that apply.)

Registrar's Office

Faculty/Administrator's Name:

Faculty/Administrator's Name:

Faculty/Administrator's Name:

4. How long will this directive remain in effect? Give the date this directive expires:

You may cancel this directive at any time by submitting your instructions in writing to the Registrar's Office.

5. Carefully consider your response to the next question; it cannot be changed at a later date.

Do you waive your right to review a copy of any letter of recommendation written to any person listed above?

Yes, I waive my right.

No, I do not waive my right.

6. Submit this form to the Registrar's Office and give a copy to each person listed in #3.

<i>Student Signature</i>	<i>Date</i>
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Office Use Only
Center date rec'd
RO rec'd by/date
ID #
Datatel
File