



**RELEASE OF INFORMATION AUTHORIZATION
FOR LETTERS OF RECOMMENDATION
PERU STATE COLLEGE**

Student Name: _____

Student ID: _____

I, _____, hereby give my permission for Peru State College and its agent(s) to release information regarding my enrollment at Peru State College to the following:

Name: _____

Address: _____

Telephone: _____

Purpose of Recommendation: _____

Date Recommendation Needed: _____

This includes, but is not limited to, information regarding Academics, Financial Aid/Obligations, Athletics, Billing, and Discipline. This information may be released via Letter of Recommendation or Telephone Reference Check.

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his or her right to inspect letters of recommendation. Circling "YES" below and signing this form constitutes a waiver signifying that the evaluation will remain CONFIDENTIAL. Circling "NO" means that the applicant will have the right to read this evaluation.

I hereby waive my right of access to this recommendation under the Family Education Rights and Privacy Act.

YES

NO

Student Signature _____ Date _____

***This form is printed on 8 1/2" x 11" WHITE paper.
This form should be retained by the recommending PSC official.***