Last Revised March 4, 2014

RECOMMENDATION/EVALUATION AUTHORIZATION AND WAIVER

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

Name of Student (Last, First, Middle Initial):	Student ID:	Date:
_____	_____	_____

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, school officials must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties. For additional information regarding FERPA, please visit UNC Charlotte's FERPA Information page at http://legal.uncc.edu/legal-topics/ferpa/ferpa-consent or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

SECTION A. UNC Charlotte official making recommendation or evaluation:

_____

Name of UNC Charlotte official making recommendation or evaluation

SECTION B. Type of disclosure (check all that apply):

☐ **Letter of Recommendation**

☐ **Evaluation Form**

☐ **Verbal Recommendation/Evaluation**

☐ **Other** (please specify): _____

SECTION C. Person(s) to whom education records may be provided (check one):

☐ **All Potential Employers**

☐ **Any Educational Institution**

☐ **Only to the following** (please specify): _____

SECTION D. Purpose of release (check all that apply):

☐ **Employment**

☐ **Admission to an Educational Institution**

☐ **Other** (please specify): _____

SECTION E. Waiver of access (check one):

☐ **I waive the right to review the requested recommendation(s)/evaluation(s).**

☐ **I DO NOT waive the right to review the requested recommendation(s)/evaluation(s).**

By signing below, I authorize the UNC Charlotte official named in Section A above to consult my education records at UNC Charlotte, and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).

I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the UNC Charlotte official named in Section A above, but that such revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this authorization/waiver may be sent with the recommendation(s)/evaluation(s).

_____ _____

Student's Signature (Date) Signature of Parent or Guardian (if under 18) (Date)

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records should not be released if any section of this form is not filled out entirely.
2. Completed forms should be maintained by the school official named in Section A above.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.