



Non-directory information should not be included in a letter of recommendation without a student's written consent. Faculty/Staff intending to include educational information that is otherwise protected by the Family Educational Rights and Privacy Act (FERPA) should use this form to obtain a signed and dated consent from the student. The type of non-directory information that will be disclosed, and to whom, should also be documented. **The form must be completed by the student, signed, and submitted to the reference (by UWSP email or in-person), for each release of information.**

**1 Student Contact Information**

|   |             |            |  |
|---|-------------|------------|--|
| Name as it appears on your UWSP student records                       |             |            |  |
| First Name  | Middle Name | Last Name  |  |
|   |             |            |  |
| Current name (if different from above):                               |             |            |  |
| First Name  | Middle Name | Last Name  |  |
|   |             |            |  |
| Email   | Telephone   | Student ID |  |
|   |             |            |  |
| I waive my right to review the letter of recommendation:    Yes    No |             |            |  |

**2 What information do you want UW-Stevens Point to release? Be specific.**

- Grades, exam scores, class work, etc.
- Grade Point Averages
- Evaluations of internships, externships, practicums, etc.
- Other (specify):

**3 Recipient Contact Information**

|  |  |                     |  |                               |  |
|--|--|---------------------|--|-------------------------------|--|
| Name/Organization                                    |  |                     |  |                               |  |
| Address  |  |                     |  |                               |  |
| City   |  | State               |  | Zip Code                      |  |
| How do you want this information sent? (choose one): |  |                     |  |                               |  |
| To this email address:                               |  | To this fax number: |  | To the mailing address above. |  |
|  |  |                     |  |                               |  |

**4 My signature confirms I have read and understand the following:**

I understand that this is a "single use" request. This written consent overrides all FERPA restrictions I have placed on my UWSP account that would otherwise prevent the release of specific information.

I understand that I may not be notified when the above information is released to the designated recipient.

I attest that I am requesting this release of my educational record and confirm that all information entered above is accurate. I authorize the UW-Stevens Point staff member receiving this request to release this information to the designated recipient.

Signature (in pen) or submit via UWSP email account

Date