

Student Recommendation Release

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I give my

permission to _____ to write a letter of recommendation and/or to provide an oral reference to:
(faculty/staff member name)

☐ Any institution or employer OR

☐ To the following individual or entity:

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

The Waukesha County Technical College employee listed above has my permission to provide an evaluation of any aspect of my academic performance, whether based on personal observation or on my education records at WCTC.

The purpose of the information to be released (select all the apply):

☐ Employment

☐ Admission to an educational institution

☐ Other: _____

I understand further that (1) I have the right not to consent to the release of my education records for this letter; (2) I have a right to receive a copy of this letter upon request unless I waive that right; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the faculty/staff member.

☐ I waive my right to review a copy of this letter at any time in the future.

☐ I do not waive my right to review a copy of this letter at any time in the future.

Student name (please print) _____ Student ID _____

Student signature _____ Date _____