



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.** Learn more about UWSP directory information [here](#).

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 | | | |
| I allow my reference to respond to third-party follow-up questions received by phone/email/survey 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

| | | | | |
|---|---------------------|-------------------------------|--|----------|
| Provide a general letter of reference directly to the student to be distributed by the student as needed. OR | | | | |
| 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