



OHIO NORTHERN UNIVERSITY
RECOMMENDATION/EVALUATION AUTHORIZATION AND WAIVER

Name of Student: _____

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.

SECTION A. ONU official making recommendation or evaluation: _____

Name of ONU official (please print)

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 all that apply):

_____ 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. Information that may be released (check one):

_____ All academic information

_____ Academic information only for the courses taught by the faculty member making the recommendation

_____ No grades can be released

_____ Other (please specify): _____

SECTION F. 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 Ohio Northern University official named in Section A above to consult my education records at Ohio Northern University, 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 Ohio Northern University 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 _____