

LETTER OF RECOMMENDATION FORM

Name: _____

Major: _____

Minor: _____

GPA: Overall: _____

Major: _____

GRE: Verbal: _____

Quantitative: _____

Analytical/Writing: _____

Sociology Course Taken	Instructor	Grade	Semester Taken
Academic Honors/Professional Activities:			

Describe any work/volunteer experience related to sociology:
Describe any research experience including presentations and publications:
List sociology organizations that you are a member of and leadership positions:
List conferences attended:

University of North Alabama

FERPA Consent to Release Form

NOTICE & INSTRUCTIONS: As a current or former student, the information contained in your education records at the University of North Alabama (UNA) is protected by a Federal privacy law known as the Family Educational Rights and Privacy Act (FERPA). Except under limited exceptions specified in FERPA, school officials can only share your education records or discuss information from your records with third parties if you provide “prior written consent” — that is, your explicit permission in writing.

There may be times when you want to share certain education records and information with someone external to UNA. University officials may require you to provide prior written consent by completing this form before they release the specified records or information.

Please note that this consent may be revoked at anytime by providing written notice of such revocation to the University official to whom this form was originally submitted. The revocation will apply only to prospective requests for records. UNA reserves the right to require a student to submit a new or updated form as needed.

Student Name and Address:

Student Identification Number (L Number):

I authorize UNA to release the following educational records or information (please be as specific as possible):

to:

for the purpose of:

for the duration of (optional):

By signing below:

- 1) I consent to the release of the specified education records and information to the individuals/entities stated on this release form;
- 2) I understand that consenting to this disclosure is voluntary;
- 3) I understand this consent will remain in effect from the date it is signed until the date I specified above or date revoked by me (in writing).

Student's Signature

Date