

**UNIVERSITY OF NORTH ALABAMA**  
**STUDENT REQUEST FOR LETTER OF RECOMMENDATION, EVALUATION OR OTHER**  
**RELEASE OF INFORMATION**

**AND**  
**FERPA RELEASE**

Student name (please print): \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

I request \_\_\_\_\_ to: (check all applicable spaces)

\_\_\_\_\_ write a letter of recommendation  
\_\_\_\_\_ complete an evaluation form  
\_\_\_\_\_ release information verbally  
\_\_\_\_\_ other (specify) \_\_\_\_\_

The purpose(s) of this request are: (check all applicable spaces)

\_\_\_\_\_ application for employment  
\_\_\_\_\_ scholarship or honorary award  
\_\_\_\_\_ admission to another education institution  
\_\_\_\_\_ other (specify) \_\_\_\_\_

The disclosure is to be made to: (check all applicable spaces)

\_\_\_\_\_ All prospective employers OR  
\_\_\_\_\_ All educational institutions OR  
\_\_\_\_\_ All organizations considering me for an award or scholarship OR  
\_\_\_\_\_ Only to the following: \_\_\_\_\_ (specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the above person to release information and provide an evaluation or recommendation about any and all information from my education records at the University of North Alabama ("University"), including information pertaining to my GPA, grades, courses, performance, class rank and my education at other institutions I have previously attended which is a part of my education records at the University, deemed necessary by said person to comply with the above request.

I understand further that: (1) I have the right not to consent to the release of my education records; (2) I have a right to receive a copy of any written reference, letter of recommendation or evaluation form upon request unless such right is waived below; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the University, but that any such revocation shall not affect disclosures previously made by the University or prior to the University's receipt of any such written revocation.

I waive (    ), do not waive (    ) - check one – my right to see the recommendation or other information prepared pursuant to this release now or in the future.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date