

Tufts University – Public Health and Professional Degree Programs Letter of Recommendation Information Release Authorization Form

In compliance with the *Family Educational Rights and Privacy Act of 1974* (FERPA), the University is prohibited from releasing certain information from your student record, including grades, course schedule and grade point average, to a third party without your prior written consent.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records and a new form must be completed for each separate disclosure (i.e., if you want to send a second letter some months after the first).

Submit your completed form to the faculty member who is writing the letter for you. **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. *However, it is University policy not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via email.*

This information release authorization is intended for use only by the parties listed below:

TO BE FILLED IN BY THE STUDENT (Please print or type)

Student Name: _____ Student ID: _____

Release to: _____
Name or Organization

Street Address _____ City _____ State _____ Zip Code _____

(NOTE: if you wish the same letter to be released to multiple third parties please indicate the name and address of those parties on an attached sheet)

The letter is for the purpose of (admission, scholarship, honor, employment, etc): _____

Name of Recommender: _____

I authorize the above named recommender to review my educational record and release information as deemed appropriate (including but not limited to grades, grade point average, registration information, academic progress status and/or enrollment information) in order to write a letter of reference for the purpose stated above.

I waive I do not waive my right to inspect the contents of the requested recommendation.

Signature _____ Date: _____

Date Received by faculty: _____ Date received by Registrar's office: _____