CONSENT FOR REFERENCE OR RECOMMENDATION

Instructions for Students: Marylhurst University, in compliance with the Family Education Rights and Privacy Act of 1974 (FERPA), requires written consent of students before releasing protected information from their records. When requesting a letter of recommendation or other reference from a faculty or staff member, you should complete this form, sign and date it, and give it to the person who will be providing the reference.

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID #</th>
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I authorize ____________________________ to provide a written or oral reference for me.

I give my permission for the reference to include any information from my education record, including but not limited to grades, GPA, class attendance, class rank, and academic history.

The reference may be released to:

Person or agency: ________________________________________

☐ Online submission form

☐ Mail to: ________________________________________________

☐ Email, fax, or phone: ____________________________________

RIGHT TO REVIEW

☐ I waive the right to review a copy of this recommendation.

☐ I do not waive the right to review a copy of this recommendation.

AUTHORIZATION

Student Signature ________________________________ Date __________________