

LAFAYETTE COLLEGE

Family Educational Rights and Privacy Act (FERPA): Release for Letters of Recommendation/Reference

Instructions for Faculty/Staff: This release form should be used when a current or former student asks you, as a school official, to write or submit a recommendation that contains non-directory information from the student's education record. Once completed, you should keep this release on file for a year.

Instructions for Student (current or former): Complete and sign this release form before returning it to the Lafayette College faculty or staff member whom you are asking to write or submit a recommendation or reference. A separate form must be completed for each intended recipient.

Requested By (Student Information)		Release To (Recipient Information)
Last Name	First Name	Full Name of Person / Company / Application Service
Student ID (L#)		Address (If Applicable)
Date		City, State, ZIP (If Applicable)
Email		Email or Web Address

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned student, hereby authorize _____ (Lafayette College faculty / staff member's name) to write a letter of recommendation and/or reference to the recipient listed above. The purpose of this recommendation is for (check all that apply):

☐ Admission to an educational institution

☐ Employment

☐ Other (please specify) _____

I give my permission for _____ (Lafayette College faculty / staff member's name) to include the following non-directory information in the letter of recommendation and/or reference (check all that apply):

☐ Lafayette College course grades and GPA

☐ Any education record to which the faculty/staff member has or had access in making (e.g. examinations, etc.)

☐ Directory Information* (major, class standing, dates of attendance, etc.)

☐ Other (please specify) _____

*Typically, permission is not required for the release of directory information, unless the student has filed a non-disclosure notice with the Registrar's Office. Checking this box will override that restriction for the purpose of this specific release only. Direct any questions to the Office of the Registrar.

I hereby ☐ **waive** or ☐ **do not waive** my right to review the copy of the recommendation and/or reference.

Student Signature _____

(Electronic/Typed name is **not** acceptable)

Date: _____

10/2026