



Registrar's Office
414 N. Meridian St. #6189
Newberg, OR 97132
T: 503-554-2218
F: 503-554-3880
registrar@georgefox.edu

FERPA RELEASE FOR LETTER OF RECOMMENDATION

Student Name: _____ **Student ID:** _____

George Fox 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 academic records. To consent to the release of protected information to a third party, you must complete this form and **give it to the GFU employee** you want to give a recommendation. *Whether or not to give a recommendation is at the discretion of the employee.*

Name(s) of GFU employee(s) released to give recommendation:

Check all that apply:

I consent to a generic letter addressed: To Whom It May Concern
and I do not waive my right to a copy of the recommendation letter

Student Pick-Up OR Sent to myself at: _____

I consent to a phone call with the contact listed below

I consent to a letter sent to the contact listed below (and backside if multiple)
and I waive my right to review the recommendation letter

Contact Person: _____

Company: _____

Address: _____

City, State, Zip: _____

Email (if preferred delivery method): _____

If you need multiple letters, please list information on back side of this form.

The GFU employee(s) listed above has my permission to write a letter of recommendation to the listed company/person which could include protected information about my time as a student at George Fox University. This may include information such as activities, clubs, sports participation, class schedule, classroom performance, attendance, grades or GPA.

Student Signature: _____ Date: _____

GFU Employee: *Send a copy of this form to the Registrar's Office for the permanent file.*



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Additional contacts for recommendation release:

Contact Person: _____
Company: _____
Address: _____
City, State, Zip: _____
Email (if preferred delivery method): _____
Student Signature: _____ Date: _____

Contact Person: _____
Company: _____
Address: _____
City, State, Zip: _____
Email (if preferred delivery method): _____
Student Signature: _____ Date: _____

Contact Person: _____
Company: _____
Address: _____
City, State, Zip: _____
Email (if preferred delivery method): _____
Student Signature: _____ Date: _____

Contact Person: _____
Company: _____
Address: _____
City, State, Zip: _____
Email (if preferred delivery method): _____
Student Signature: _____ Date: _____

Contact Person: _____
Company: _____
Address: _____
City, State, Zip: _____
Email (if preferred delivery method): _____
Student Signature: _____ Date: _____