SPOKANE COLLEGES SCC | SFCC

Spokane Community College
Letter Of Recommendation Release Form

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential, non-directory information about a student without the student's consent. A student may waive this right for faculty and staff when written letters of recommendation are requested.

Completion of this form authorizes an individual to appropriately use a student's education record to provide requested information. This authorization to provide a recommendation is valid for (1) year from the date of the signature below.

Student's Name: _____ Student's ID #: _____

Name of individual authorized to release Academic Information: _____
(Name of faculty/staff)

I give the individual listed above permission to write a letter of recommendation to:

_____
(*Name of persons, businesses, institutions or services*)

I give my permission to include the following non-directory information in this letter of recommendation:

- ☐ Grades
- ☐ Research
- ☐ GPA
- ☐ Thesis
- ☐ Test Scores
- ☐ Class Rank
- ☐ Professional Behavior
- ☐ Other, please specify: _____

I understand that, under FERPA, I have a right to review a copy of my education records upon request, unless I choose to waive that right. With that understanding, I make the following decision:

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

☐ I do NOT waive my right to review a copy of this recommendation.

Student Signature: _____ Date: _____

Received By: _____ Date: _____
Faculty/Staff Signature

STUDENT: ***complete this form and email as an attachment or deliver in person to the faculty or staff member you wish to write a letter of recommendation for you.***

FACULTY/STAFF: ***return a signed copy of this form to the SCC Registrar, MS 2151***

Office of the Vice President of Student Services