

Student Authorization to Release Information or Request Letters of Recommendation

Psychology Department
The University of Iowa
E11 Seashore Hall
Iowa City, IA 52242

From: _____
Name of Student _____ Student ID/SSN _____

Student Address _____

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission. Further, personally identifiable information from my educational records (grades, GPA, GRE scores) cannot be included in a letter of recommendation without my written permission.

I, therefore, authorize the release of (check all that apply)

- ____ Any transcript information
- ____ Major and degree sought
- ____ Graduation date
- ____ GPA and specific course information
- ____ GRE scores
- ____ Volunteer/research/work experience

To:

- ____ All potential employers
- ____ Educational institutions for graduate or professional school recommendations
- ____ My spouse
- ____ My parent/guardian
- ____ Other (specify) _____

For the following purpose:

- ____ Employment
- ____ Admission to an educational institution
- ____ Other (specify) _____

I waive (), do not waive (), my right to see the recommendation or other information prepared pursuant to this release.

Signature of Student

Date