

# FERPA Letter of Recommendation Authorization

Email: [Registrar@MissouriState.edu](mailto:Registrar@MissouriState.edu)  
Phone (417) 836-5520, Fax (417) 836-6334  
901 S National Ave, Carrington Hall 320  
Springfield, MO 65897

Form revised 8/3/2021

Student Name: \_\_\_\_\_ BearPass #: M \_\_\_\_\_  
Last First MI

Letters of recommendation which are made from the recommender's personal observation or knowledge do not require a written release from the student who is the subject of the recommendation. However, if the student wishes the recommender to include personally identifiable information from a student's education record (such as grades, GPA, etc.), the student must provide a signed release.

**I give permission for \_\_\_\_\_ to write a letter of recommendation to:**

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**The following information may be disclosed from my education record for the purpose of writing a letter of recommendation:**

**Select all that apply:**

Grades for any or all classes

Grade(s) for the following class(es):

Sem/Year Taken	Course Subject	Course Number	Course Title

GPA

Other (provide specific information): \_\_\_\_\_

**Select One:**

**I WAIVE** my right to review a copy of this letter at any time in the future.

**I DO NOT WAIVE** my right to review a copy of this letter at any time in the future.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office use only:

\_\_\_\_\_  
Processed by

\_\_\_\_\_  
Date