UNIVERSITY OF GUAM
UNIBETSEDÅT GUAHAN

Enrollment Management & Student Success

Admissions and Records

RECOMMENDATION AUTHORIZATION AND WAIVER

Instructions for completing this form:
1) *This form must be fully completed and signed by the student. Records should not be released if any section of this form is not filled out entirely.*
2) *Completed forms must be submitted to the Admissions & Records Office.*
3) ***A copy of the stamped received from Admissions and Records MUST be given <u>by the student</u> to the school official named in Section A below.***

Name of Student (Last, First, Middle Initial):	Student ID No.:	Date:

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations in accordance with FERPA regulations, school officials must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties.

SECTION A.   UOG official making recommendation:

_____
Name(s) of UOG official making recommendation

SECTION B.   Type of disclosure (check all that apply):
☐ Letter of Recommendation
☐ Verbal Recommendation
☐ Other (please specify) - _____

SECTION C.   Person(s) to whom education records may be provided (check all that apply):
☐ All Potential Employers
☐ Any Educational Institution
☐ Only to the following (please specify) - _____

SECTION D.   Purpose of release (check all that apply):
☐ Employment
☐ Admission to an Educational Institution
☐ Other (please specify) - _____

SECTION E.   Waiver of access (check one):
☐ I waive the right to review the requested letter of recommendation(s).
☐ I DO NOT waive the right to review the requested letter of recommendation(s).

By signing below, I authorize the UOG official named in Section A above to consult my education records at UOG, and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).

I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the UOG official named in Section A above, but that such revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this authorization/waiver may be sent with the recommendation(s).

Student's Signature: _____   Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Photo Identification Verified By: _____   Date: _____
(AREC Staff: Print Name and Initial)

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