

**FERPA AUTHORIZATION
TO RELEASE STUDENT'S INFORMATION OR REQUEST
FOR LETTERS OF RECOMMENDATION**

TO: Marquette University
Department of Counselor Education & Counseling Psychology

(please check all that apply below)

- write a letter or recommendation
- complete evaluation form
- release information verbally
- other (*specify*) _____

TO: all potential employers
 any educational institution
 only to the following _____ (*specify*)

For the following purpose: employment
 admission to an educational institution
 other (*specify*) _____

I authorize you to consult my educational record at Marquette University to reveal such information from my educational record, as you consider appropriate for the purpose stated above.

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

Student's Name:

Student ID Number:

Student's Signature _____

Date _____