Faculty Recommendation Form and FERPA Release

Student/Graduate Name (please print): ____________________________________________

E-mail: ______________________________________

Today’s Date: _________________

Date by which you need reference letters (Please allow at least 3 weeks from today): ________________

Year of Graduation: __________________________

I request the faculty listed below to serve as a reference for me in relation to:

_______ employment _______ admission to another educational institution
_______ judicial clerkship _______ scholarship or award

Faculty Recommenders: (name up to three)

1. ______________________________________
2. ______________________________________
3. ______________________________________

4. Dean Lincoln Davies (in the event you need a Dean’s recommendation letter)

The reference may be given in the following form(s): (please check one or both spaces)

________ written ________ oral

I authorize the above person(s) to release information and provide an evaluation about any and all information from my educational records at The Ohio State University Moritz College of Law, including information pertaining to my education at other institutions I have previously attended that is part of my educational record at The Ohio State University Moritz College of Law, as deemed necessary by the above person(s) to provide the reference to: (check one)

____ all potential employers OR ______ specific employers*
____ all potential judicial clerkships OR ______ specific judicial clerkships*
____ all potential educational institutions OR ______ specific educational institutions*
____ all potential organizations considering me for an award or scholarship OR ______ specific organizations*

*Please list on reverse side.

I understand further that:

1. I have the right not to consent to the release of my education records;
2. This consent shall remain in effect until revoked by me, in writing, and delivered to the above-named person(s) to whom this release is granted, but that such revocation shall not affect disclosures previously made by the above-named person(s) prior to receipt of any such written revocation.

I ____ waive (OR) _____ do not waive (check one) my right under FERPA to review and receive a copy of any reference provided pursuant to this authorization. I understand that if I waive the right to review and receive a copy of this reference, that I will not have the right to inspect such a document at a later date.

Student/graduate signature ______________________

Date: _____________________