



Office of Admissions, Registration, and Records
 Neuberger Hall, Room 104
 503-725-3511
 503-725-5525 fax
 www.pdx.edu/registration

Please bring your
 Photo ID when
 submitting
 this form

STUDENT CONSENT TO RELEASE RECORDS AND INFORMATION: Letter of Recommendation

The Portland State University Records Policy, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), requires the written consent of the student authorizing the disclosure of non-directory information from his or her record. The authorization must include: the specific information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

I am requesting a one-time only release of information to the following party/ class of parties for the following purpose.

I, _____, Student ID _____,
 (please print your name clearly)

hereby give my written consent to _____
 (name of PSU faculty or staff member)

to disclose the following information:

 (specify records/information to be released: GPA, grades, academic performance, class attendance, etc.)

I authorize PSU to release the above-mentioned education records, for the purpose of providing a letter of recommendation, to:

 (specify person/s to whom release be made)

I understand that the specific information referenced on this form is being released to a third party at my request with the understanding that s/he will not release it to any other parties. Portland State University is hereby released from all legal responsibility or liability for the release of the above-mentioned information.

Student Signature

Date

Portland State University is required to keep original signed consent forms.
 Students are advised to keep a copy of this form with their records.

Receipt date _____ *Staff Initials* _____