



NEW YORK CITY COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

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FACULTY LETTER OF RECOMMENDATION RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential, non-directory information about a student without the student's consent. A student may waive this right for faculty when written letters of recommendation are requested.

I, _____ give permission for _____ to write a
Student Name Faculty Name

letter of recommendation to:

Name:

Address:

City, State and Zip:

My signature below indicates that this faculty member has my permission to include grades, test scores, GPA, information about my research or thesis, and class rank in the letter.

I understand that under FERPA, I have a right to review a copy of education records upon request, unless I choose to waive that right.

I **waive/do not waive** my right to review a copy of this letter.

Signature

Date

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