



**Student Service Center  
Gander Hall, Room 124**

Maryville University  
Attn: Student Service Center  
650 Maryville University Drive  
Saint Louis, MO 63141

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Dear Maryville University Students:

There are a number of occasions for which you may need a letter of recommendation from a Maryville University faculty or staff member. To provide an appropriate letter, your faculty and/or staff recommender must be free to share information about you that is protected in your educational records covered by the Family Educational Rights and Privacy Act (FERPA). To be permitted to share information contained in your records, the attached FERPA Release Form must be completed and signed by you, and then provided electronically to your recommender.

Please note the following records are covered by this document, although any given recommender may not be aware of information contained in all of these records:

- Assessment/Placement Records – test scores, and courses assigned upon entry to the university
- Academic Records – transcripts, GPA, grades and attendance in any given course
- Disability Records – information regarding a physical, emotional, or learning disability and accommodations provided to facilitate student success
- Financial Aid Records – specific to scholarships and/or student employment
- Housing Records – on-campus living dates, locations, leadership roles
- Student Accounts – student account, payments, or financial status (not actual amounts)
- Student Conduct Records - information regarding disciplinary standing and conduct policy violations
- Personal Records – information regarding race, gender, ethnicity, and nationality
- Other – feel free to specify any additional information you are comfortable having shared

Please note: On the FERPA Release Form (next page), the “ANY of the above records” box is checked to allow the recommender the greatest flexibility in providing a thorough recommendation, but feel free to uncheck that box and choose only the records from which you agree to have information shared.

Feel free to print a copy of the signed form to retain for your records.

If you have any questions, please do not hesitate to ask.

**NOTE for Maryville University faculty/staff recommenders:**

Please be sure you have a signed copy of this form provided to you prior to providing any letter(s) of recommendation on behalf of a student. You should retain the signed form in a file should questions arise at a later date. If you are uncertain regarding the type of information the form is allowing you to release, please do not hesitate to contact us for clarification.



## Letter of Recommendation: FERPA Release

In order for university faculty or staff to provide letters of recommendation which contain FERPA protected information you must complete the attached form and provide an electronic copy to your recommender.

### Student Information

Student Name \_\_\_\_\_

Maryville ID Number \_\_\_\_\_

### Individual to whom Records are to be Released

In accordance with the Family Educational Rights and Privacy Act of 1974, I, the undersigned, hereby authorize the individual indicated in this section to write a letter of recommendation in which s/he may reference the following education records and information:

Print Writer's Name \_\_\_\_\_

### Record types to be available

**Check here to release all record areas** OR check the individual record areas to which you are releasing to the above individual

Academic Records

Disability Records

Personal Records

Assessment / Placement Records

Financial Aid Records

Ethnicity

Class Attendance

Scholarships

Gender

GPA

Student Employment

Nationality

Grades

Housing Records

Race

Transcripts

Student Account Records

Student Conduct Records

Other: \_\_\_\_\_

### Letter Recipients

Indicate the Name, Title, and address of each recipient on the lines below.

Send letters directly to these individuals OR  Return letters to me in the enclosed envelope(s) with your signature across the flap.

Letter 1 \_\_\_\_\_

Letter 2 \_\_\_\_\_

Letter 3 \_\_\_\_\_

I waive my rights to review a copy of this letter of recommendation at any time in the future

I do not waive my right to review a copy of this letter at any time

### Student Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that my consent is not required for the writer to disclose in a letter of recommendation any subjective observations or assessments which s/he has of my or information classified as directory information under University Policy.