

Student Reference Request / FERPA Release / Release of Liability

The purpose of the Family Educational Rights and Privacy Act of 1974 is to protect the privacy of individual students by placing restrictions on the disclosure of information contained in a student's university record(s). In order to provide referrals / references for any student, the individual must have this form signed and on record with the School of Social Work at the University of Alaska Anchorage.

Student Name (Please Print or Type)

UAA Student ID #

I hereby request that Any / All Faculty of the UAA School of Social Work serve as a reference for me.

The purpose(s) of the reference are (**check all applicable boxes**):

- Application for employment
- Scholarship or honorary award
- Admission to another educational institution

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

- Written
- Oral

I authorize the above-named person(s) to provide an evaluation of any aspect of my academic performance, whether based on personal observation or on my education records at UAA, and to release information from my education records, including my grades, GPA, class rank, any information pertaining to my education at other institutions I have previously attended, and any other personally identifiable information. I authorize release of this information and references or evaluation to: (**check all applicable boxes**)

- All prospective employers, **or**
 - Specific employers (list here) _____
- All educational institutions, **or**
 - Specific educational institutions (list here) _____
- All organizations considering me for an award or scholarship, **or**
 - Specific organizations (list here) _____

I understand that under the Family Educational and Privacy Act, 20 USC 123g: (1) I have the right to not consent to the release of my education records; (2) I have the right to receive a copy of any written reference upon request; and (3) I may, but am not required to, waive my right of access to confidential references given for any of the purposes listed above.

- I hereby waive my right of access to references given by the above named person(s).
- I do not waive my right of access to references given by the above named person(s).

This consent shall remain in effect until revoked by me, in writing, and delivered to the office that this disclosure was originally given, but that any such revocation shall not affect disclosures made prior to the person's receipt of my written revocation.

I release UAA, its employees, and the person(s) providing the above described reference or evaluation from all claims and liability for damages that may result from their compliance with this request.

Student Signature

Date

Please include on page 2 any information you feel would be relevant and helpful to the person(s) asked to provide such a reference.

Student Reference Request, Page 2

Student Name (Please Print or Type)

UAA Student ID #

Courses taken with specific Faculty:

with

with

with

with

Student information:

Major:

Minor:

Double Major:

Cumulative GPA:

Number of Years at UAA:

Attended School Full-Time Part-Time Core Courses Completed? Yes No

UAA Student Organizations of which you are a Member:

Community Service, Volunteer Groups or Activities:

Honors or Awards you have received:

While attending school, did you work? No Yes = Full-Time Part-Time

If so, where?