



Recommendation Consent Form

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of students with respect to their education records. With a few specific exceptions, schools must have written permission from the student in order to release any information from a student's education record.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

If you would like to allow a written or verbal recommendation from a faculty member in an effort to secure employment or admission to an academic program or professional organization, you must check the "Agree" box below.

If you check "Do not agree", the details provided to prospective employers/academicians will be limited to directory information as stated above.

Student's name: _____

I permit the faculty of the Biomedical Forensic Sciences Program to provide a written or verbal recommendation on my behalf to potential employers, professional organizations and academic institutions. The information shared may include academic performance, professional conduct and fulfillment of past/present employment duties (if applicable).

☐ Agree

☐ Do not agree

Signature

Date