

# UNIVERSITY OF HOUSTON SYSTEM



## Reference Request & FERPA Release

Student/Former Student Name: \_\_\_\_\_

University of Houston System Component Institution (please check)

UH       UHD       UHV       UHCL

I request \_\_\_\_\_ to serve as a reference for me for the following purposes: (please check all that apply)

- application for employment
- scholarship or award
- admission to another educational institution

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

- written
- oral

I authorize the above-named person to release information and provide an evaluation about any and all information from my educational records at the above-referenced institution, including information pertaining to my education at other institutions I have previously attended that is part of my educational record at the above-referenced institution, as deemed necessary by the above-named person to provide the reference to: (please check all that apply)

- all prospective employers      OR       specific employers (please list on reverse side)
- all educational institutions      OR       specific educational institutions (please list on reverse side)
- all organizations considering me for an award or scholarship      OR       specific organizations (please list on reverse side)

I understand further that:

1. I have the right not to consent to the release of my education records;
2. This consent shall remain in effect until revoked by me, in writing, and delivered to the above-named person to whom this release is granted, but that such revocation shall not affect disclosures previously made by the above-named person prior to receipt of any such written revocation.

I  waive (OR)  do not waive (check one) my right under FERPA to review and receive a copy of any reference provided pursuant to this authorization. I understand that if I waive the right to review and receive a copy of this reference, that I will not have the right to inspect such a document at a later date.

\_\_\_\_\_  
Student/Former Student Signature

\_\_\_\_\_  
Date

**Note: Modification of this Form requires approval of OGC**