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   OR   __ specific organizations (please list on reverse side)
   me for an award or scholarship

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