

**Letter of Recommendation Release
(not for ERAS or VSLO)**

Student Information (Please Print)

Name: _____ Liberty Student ID: _____
 Previous Name: _____ Date of Birth (mm/dd/yy): ____/____/____
 Email: _____ Phone Number: (____) ____-_____

Release Information (Please Print)

The Family Educational Rights and Privacy Act (FERPA) sets forth requirements regarding the privacy of student records. FERPA regulations allow you, the student, to have some control over who is allowed to have access to your school records and personal information. For further information about FERPA, please see the Liberty University College of Osteopathic (LUCOM) FERPA Policy and Release Information.

I give my permission to _____ (Faculty or Staff Member Name) to write a letter of recommendation and/or to provide an oral reference to:

Person/Facility: _____

Address/Email/Phone: _____

Purpose of reference (check all that apply):

- Application for employment/residency/fellowship
- Admission to another educational institution
- All forms of scholarship or honorary award
- Other: _____

Information to be released:

- Academic Information- to include Grades, GPA, Class Rank, Academic Standing, Student Leadership, etc.
- Other or Specific Document(s) _____

Right to review the recommendation:

- I waive my right of access to references given by the above named person
- I do not waive my right of access to references given by the above named person

Authorization (Please Print & Sign)

Student's Signature: _____ **Date:** _____

**By signing this form you authorize the LUCOM to release your record information to the designated person or organization listed above.*

Official Use Only Processed By: _____ Date: _____