

**FERPA RELEASE**  
Student's Consent to Release of Education Records  
Reference Request Form

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). Absent certain specific exceptions, in order for Arkansas Tech University to honor a verbal or written request for information from a student's education records by anyone other than the student, a signed authorization from the student must be on file.

Student Name (Please Print): \_\_\_\_\_

Student T Number: T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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I request \_\_\_\_\_ to 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 to release information and provide an evaluation about any and all information from my education records at Arkansas Tech University to the following (check all applicable boxes):

1.  All prospective employers, or  
 Specific employers (list) \_\_\_\_\_
  
2.  All educational institutions, or  
 Specific educational institutions (list) \_\_\_\_\_
  
3.  All organizations considering me for an award or scholarship, or  
 Specific organizations (list) \_\_\_\_\_

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records released upon request; (3) and that this consent shall remain valid 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 previously made by Arkansas Tech University prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Note: The faculty or staff member serving as reference shall keep this document on file.**