Authorization for Release of Information – Reference Request

Western Washington University is committed to safeguarding appropriate access to student education records as well as maintaining individual student privacy. Specific procedures describing policy aligned with the Family Education Rights and Privacy Act of 1974 (FERPA) are contained in the university catalog. Any requests for student information, excluding this personal reference request, must go through the Western Washington University Registrar’s Office.

By signing this form, I provide permission for ________________________, faculty at Western Washington University, to provide a written or verbal assessment of my academic and professional performance.

____________________________               __________________________
Printed Student Name                                     Student ID Number

____________________________               __________________________
Student Signature                                             Date

Information may be released to:

_______________________________          ___________________________
Name of individual or institution                    Purpose*

_______________________________          ___________________________
Name of individual or institution                    Purpose*

_______________________________          ___________________________
Name of individual or institution                    Purpose*

*(i.e. internship; employment reference, graduate school letter of recommendation)