

Saint Louis University
Recommendation/Evaluation
Authorization and Waiver

Form
#26

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, school officials must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties. For additional information regarding FERPA, please visit <http://ferpa.slu.edu> or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Section 1
Student

Miao Cai

Student Name

000966596

Student ID

Section 2
School Official

Saint Louis University official making recommendation or evaluation

Steven E. Rigdon

Name

Department of Epidemiology and Biostatistics

Department

Section 3
Type

Type of disclosure. Check all that apply.

- ☒ **Letter of Recommendation**
☒ **Evaluation Form**
☒ **Verbal Recommendation/Evaluation**
☐ **Other** _____

Section 4
Release

Person(s) to whom education records may be disclosed. Check all that apply.

- ☒ **Any Educational Institution**
☒ **Any Scholarship or Award Granting Organization**
☒ **All Potential Employers**
☐ **Only to the following individual** _____

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Section 5
Purpose

Purpose of disclosure. Check all that apply.

- ☐ Admission to an Educational Institution
- ☐ Application for a Scholarship/Fellowship/Grant/Award
- ☐ Employment
- ☐ Other _____

Section 6
Review

Waiver of Review. Check one.

- ☐ I waive the right to review the requested recommendation(s)/evaluation(s).
- ☒ I DO NOT waive the right to review the requested recommendation(s)/evaluation(s).

Section 7
Authorization

I understand and acknowledge that:

- * By signing below, I authorize the official named in Section 2 to consult my education records and to disclose such education records as that official considers appropriate in accordance with the above-stated purpose(s).
- * I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the official named in Section 2, but that such revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this authorization/waiver may be sent with the recommendation(s)/evaluation(s).


Student Signature

Dec 11, 2019
Date

Form Procedures

1. Student completes sections 1, 2, 3, 4, 5 and 6.
2. Student acknowledges policies related to recommendations and evaluations authorization and waiver by signing in section 7.
3. Student submits to official named in Section 2.
4. School official named in Section 2 retains original form.