

## Authorization to Release Educational Information

The Family Educational Rights and Privacy Act (FERPA) bars an educational institution from releasing confidential information about a student—including information about and assessments of her or his academic performance—without the student’s express written consent. You may waive this right for a specific purpose by completing this form. This form does not grant “blanket” permission to the University to release information on a continuing basis.

To: \_\_\_\_\_ Faculty Who Instructed Me in School of Pharmacy and Health Professions

Student’s Name (print): \_\_\_\_\_  
First Middle Last

Creighton ID Number: \_\_\_\_\_

The Department or Representative(s) named above have my consent to release information from my educational record to the Recipient(s) indicated below for the purposes set forth below.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recipient or Class of Recipients: Prospective employers

Recipient’s Address: \_\_\_\_\_

Records to be released (specify): \_\_\_\_\_ Letters of recommendation

- Purpose:
- In order to discuss my progress with my parent(s)
  - In order to write a letter of reference on my behalf
  - Other (specify) \_\_\_\_\_

**Expiration:** This authorization expires upon my graduation from the School of Pharmacy and Health Professions or until I am no longer enrolled in the School of Pharmacy and Health Professions

Please see that this is provided to SPAHP’s Office of Academic and Student Affairs. A copy of this form should be provided to the student.