



Pacific Lutheran University
Department of Education/Instructional Development and Leadership
Tacoma, WA 98447-0003
(253) 535-7272

APPENDIX B

PERMISSION TO USE INFORMATION CONTAINED IN EDUCATION RECORDS

I understand that Federal regulations require written consent from a student before disclosing the education records of that student to third parties. Therefore, I hereby give my written consent to:

(Authorized Name)

This person may use information contained in my education record, as well as the conclusions and observations regarding my performance while attending Pacific Lutheran University, to complete the letter of recommendation for my education placement file.

To the PLU Teacher Candidate:

This form should be given to PLU faculty or staff members (including your university supervisor) from whom you are requesting a recommendation. It serves as written documentation that you have given your permission to disclose your educational information, including conclusions and observations regarding your performance while attending Pacific Lutheran University. Please sign and date, and give a copy of this completed form to PLU faculty or staff members who will be writing recommendations for you.

DATED this _____ day of _____, 200_____

(Student's Signature)

(Print Name)

Placement File will be:

OPEN [Student can review contents]

CLOSED [Student waives the right to review contents]