



**Pacific Lutheran University**  
**School of Education**  
**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:

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(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 individuals who may be disclosing your educational records in their letters of recommendation. It serves as written documentation that you give permission to disclose your educational information. Please sign and date and give a copy of this to PLU faculty or staff who write recommendations for you.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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(Student's Signature)

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(Print Name)