



PACIFIC LUTHERAN UNIVERSITY

**SCHOOL OF NURSING**  
1210 PARK AVENUE SOUTH  
TACOMA, WA 98447

P 253.535.7672  
F 253.535.7590

nurs@plu.edu  
www.plu.edu/nursing

### Student FERPA Release for References and Recommendations

Student Name: \_\_\_\_\_  
(please print clearly)

I request that \_\_\_\_\_ serve as a reference for me.  
(All Faculty if more than one requested)

The purpose(s) of the reference are: (check all applicable spaces)

- Application for employment
- All forms of scholarship or honorary award
- Admission to another educational institution

The reference may be given in the following form(s): (check all that apply)

- Written
- Oral

I authorize the above named person or persons to provide an evaluation of any aspect of my academic performance, whether based on personal observation or on my education records at Pacific Lutheran University, and to release information from my education records, including my:

- Grades
- GPA
- Class rank
- Any information pertaining to my education at other institutions I have previously attended
- Clinical evaluations or other relevant information

I authorize release of this information and reference or evaluation to: (check all applicable spaces)

- All prospective employers OR
- Specific Employers – **list name and address on reverse side**
  
- All educational institutions to which I seek admission OR
- Specific educational institutions – **list name and address on reverse side**
  
- All organizations considering me for an award or scholarship OR
- Specific organizations - **list name and address on reverse side**

This consent shall remain in effect until revoked by me, in writing, and delivered to the above names person, but any such revocation shall not affect disclosures made prior to the person's receipt of my written revocation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date