



PACIFIC LUTHERAN UNIVERSITY

Office of Student Life

Tacoma, Washington 98447-0003

(253) 535-7191

(253) 535-7137 fax

slif@plu.edu

***Consent to Utilize Education Records
for Completing Third-Party Documents***

I, _____, understand that The Family Educational Rights and Privacy Act of 1974, also known as FERPA, grants students attending post-secondary institutions certain rights and privacies regarding their Education Records. I understand that "Education Records" are defined in FERPA, and generally include any and all records that contain any information related to me that are maintained by Pacific Lutheran University.

I hereby authorize Pacific Lutheran University to utilize and disclose information contained in my Education Record, including faculty verbal or written reports, as well as conclusions and observations regarding my performance while attending Pacific Lutheran University, for the purpose of completing any and all inquiry forms or letters of recommendation, and I am requesting such form(s) be submitted on my behalf.

Furthermore, I hereby release Pacific Lutheran University, its Trustees, Officers, Employees, Agents or Assigns, from any and all liability for release of the above-named records/information. This authorization will remain in effect for the 20____-20____ academic year.

DATED this _____ day of _____, 20____.

Signature

PLU ID number or Social Security Number

Please print name signed above

Current Address

City State Zip

(_____) _____ (This is my: home / cell / work)
Telephone number

Email address