Trinity College of Nursing
& Health Sciences
UnityPoint Health

Recommendation Release Form

STUDENTS: Complete this form and return to the school official writing or providing a recommendation.

FACULTY/STAFF: If a recommendation contains any non-directory information (i.e. religion, citizenship, disciplinary status, ethnicity, gender, GPA, test scores, grades, standardized test scores, marital status etc.) then a written authorization is required. This includes recommendations being sought by educational institutions including professional school admissions services, employers, or other individuals.

DIRECTORY INFORMATION: The College defines directory information as the following: student's name, address, telephone number, e-mail address; dates of attendance; previous institutions attended; major(s); degrees and awards received; honor's conferred (including dean's list); degree candidacy; status (full or part-time); and date of birth. Directory Information can be included in a letter of recommendation without a student's written authorization.

NON-DIRECTORY INFORMATION can be included in a recommendation only with a student's written consent. Comments regarding personal observations DO NOT require such a release.

Student's Name (please print) _____ Phone _____

E-mail _____ Date _____

I hereby give permission to: _____
(name of faculty/staff member)

To disclose the following non-directory information items in my letter(s) of recommendation:
☐ Grades (exam scores, quizzes, etc.) ☐ GPA information ☐ Other (please specify) _____

WAIVER

I understand that, under the provision of the Family Educational Rights and Privacy Act of 1974 (FERPA), I have the right to examine this recommendation unless such right is waived. (Please indicate below whether or not you wish to waive this right by checking the appropriate box and completing the signature and date.)

☐ I expressly waive my right to examine or otherwise have access to this recommendation.
☐ I do not expressly waive my right to examine or otherwise have access to this recommendation.

Signature _____ Phone _____

NOTICE TO THE PERSON WRITING THIS RECOMMENDATION:

Unless the above waiver is checked and signed, this recommendation may be examined by the applicant.

Name _____ Address _____
City _____ State _____ Zip _____

Name _____ Address _____
City _____ State _____ Zip _____

Name _____ Address _____
City _____ State _____ Zip _____

FOR OFFICE USE ONLY:

☐ E-mail completed form to Student Services
☐ E-mail completed Letter of Recommendation to Student Services