



Student Name _____ Spirit ID _____
(Please print clearly)

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby authorize **(Print Faculty Name or University Official)** _____ to write a letter of recommendation in which he/she may reference the following academic information

- ☐ Grades
- ☐ GPA
- ☐ Other _____

To: _____
(Print: Name and Address of receiving party - provided by student)

(Address)

for the purpose of recommendation for

- ☐ Employment
- ☐ Scholarship
- ☐ Admission
- ☐ Other _____

Student's Signature

Date

Instructions for Students: Complete, sign and submit to the Faculty and registrar@saintpeters.edu.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.