

# MERCYHURST COLLEGE

## REQUEST FOR LETTER OF RECOMMENDATION FORM

I am hereby requesting that a letter of recommendation be written and sent on my behalf. I authorize the recommender to share any information from my educational record with the entities/parties listed below.

Student's Name (print) \_\_\_\_\_

Student's Signature \_\_\_\_\_

Recommender's Name \_\_\_\_\_

Entity/Party to whom letter will be sent \_\_\_\_\_

Under the Family Educational Rights and Privacy Act (FERPA), students at Mercyhurst College have certain rights with regards to their educational records. Some of these rights include the right to review materials in educational records. You can choose whether or not you want to waive these rights.

Do you waive your right of access to this letter of recommendation?

- Yes, I waive my right of access to this letter of recommendation.

\_\_\_\_\_

Signature of Applicant

*Or*

- No, I do not waive my right of access to this letter of recommendation.

\_\_\_\_\_

Signature of Applicant