



For Office Use Only	
Registrar _____	_____
<small>Initials</small>	<small>date</small>

Student Reference FERPA Release of Liability

The purpose of the Family Educational Rights and Privacy Act of 1974 is to protect the privacy of individual students by placing restrictions on the disclosure of information contained in a student's college record(s). In order to provide referrals/references for any student, the individual must have this form signed and on record with Iowa Valley Community College District (IVCCD) at the location below.

ATTN: Registrar
 Marshalltown Community College
 3700 S Center St
 Marshalltown, IA 50158
 Direct Line: 641-844-5715
 Phone: 866-622-4748 Ext. 5715
 Fax: 641-752-8149

ATTN: Registrar
 Ellsworth Community College
 1100 College Ave
 Iowa Falls, IA 50126
 Direct Line: 641-648-8512
 Phone: 800-322-9235 Ext. 8512
 Fax: 641-648-3128

Student's Name: _____ ID#: _____
Last First Middle

I hereby request that Any / All Faculty of IVCCD or the name(s) listed serve as a reference for me. _____

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

- Application for employment
- Scholarship or honorary award
- Admission to another educational institution

The reference may be given in the following form(s) (**check one or both boxes**):

- Written
- Oral

I authorize the above-named person(s) to provide an evaluation of any aspect of my academic performance, whether based on personal observation or on my education records at IVCCD, and to release information from my education records, including my grades, GPA, any information pertaining to my education at other institutions I have previously attended, and any other personally identifiable information. I authorize release of this information and references or evaluation to: (**check all applicable boxes**)

- All prospective employers, **or**
 - Specific employers (list here) _____
- All educational institutions, **or**
 - Specific educational institutions (list here) _____
- All organizations considering me for an award or scholarship, **or**
 - Specific organizations (list here) _____

I understand that under the Family Educational and Privacy Act, 20 USC 123g: (1) I have the right to not consent to the release of my education records; (2) I have the right to receive a copy of any written reference upon request; and (3) I may, but am not required to, waive my right of access to confidential references given for any of the purposes listed above.

- I hereby waive my right of access to references given by the above named person(s).
- I do not waive my right of access to references given by the above named person(s).

This consent shall remain in effect until revoked by me, in writing, and delivered to the office that this disclosure was originally given, but that any such revocation shall not affect disclosures made prior to the person's receipt of my written revocation.

I release IVCCD, its employees, and the person(s) providing the above described reference or evaluation from all claims and liability for damages that may result from their compliance with this request.

Signature

Date