

**Letter of Recommendation Request  
Release of Information Waiver**

Please print or type on form:

Full Name of Applicant:

Student ID:

Email Address:

Phone #:

Name of the Evaluator:

Date:

Evaluator Department:

I hereby give my permission to the evaluator to include any pertinent information relating to my personal character and educational record and academic performance including, but not limited to, my performance in class, class rank, and/or standing, academic ability, recorded grades or overall scholarship. I understand that this evaluation may include subjective opinions that may not reflect favorably on me. I hereby acknowledge that under the Family Educational Rights and Privacy Act (FERPA), Title 20 United States Code Section 1232g, I have the legal right to inspect and review certain education records and materials maintained by TTU. Pursuant to the above named statute and to the extent applicable, my signature below shows whether or not I HEREBY WAIVE my right of access under FERPA to view or inspect the confidential evaluation requested above (a) respecting admission to any educational agency or institution, as those terms are defined in 20 U.S. C. § 1232g(1)(C)(3); (b) respecting an application of employment; and (c) respecting the receipt of an honor or honorary recognition. I am aware that this waiver shall apply to recommendations only if (i) upon my request I am notified of the names of all persons making confidential evaluations, and (ii) such evaluations are used solely for the purpose for which they were specifically intended. I also hereby acknowledge and affirm that this waiver is not required as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from Texas Tech University. In addition, in consideration for receiving a letter of evaluation from the evaluator, I agree to release and indemnify both the evaluator and TTU from any claim or liability arising as a result of receiving or furnishing information or opinion in connection with any requested letter of evaluation.

**I hereby waive any right of access to this confidential evaluation.**

**I hereby retain my right of access to this confidential evaluation.**

Signature:

Date:

**List the institution, company, or individual, as well as contact information, to which this waiver applies. (Note: A waiver should be completed for each recommendation recipient.)**

**Note to Evaluator:** This waiver form should be forwarded to the Office of the Registrar for retention on the student's education record. **Campus Mail Stop:** Office of the Registrar MS 5015 **Office Address:** TTU Office of the Registrar, Box 45015, Lubbock, TX 79409-5015. **Email:** registrar@ttu.edu