AUTHORIZATION TO RELEASE INFORMATION FROM EDUCATION RECORDS FOR WRITTEN AND/OR ORAL REFERENCES

TO: _________________________________________________________________  
(Name of University Official and Department)

1. I hereby authorize you to consult my education records at the University of Alabama in Huntsville and further authorize you to reveal such information (including, but not limited to, personally identifiable information) from those records as you may consider appropriate for the purpose of preparing and providing a written and/or an oral reference on my behalf to:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. I have initialed in the appropriate space(s) below regarding the format(s) in which information from my education records may be released:
   __ Written references, to include Letters of Reference and e-mail responses
   __ Oral references, to include telephone responses

3. I have initialed in the appropriate space below regarding the purpose for which this written and/or oral reference is requested:
   __ admission to an educational institution
   __ employment
   __ other (specify) ________________________________________________

4. I have initialed in the appropriate space below regarding my right to see any written references provided under this authorization:
   __ I waive my right to see the written reference(s) prepared pursuant to this authorization.
   __ I do not waive my right to see the written reference(s) prepared pursuant to this authorization.

5. This authorization shall remain in effect until and unless I provide and you receive written notice that it has been revoked. Any such revocation shall have no effect upon references provided prior to your receipt of that written revocation.

Name (printed)_______________________________
Signature____________________________________
Date________________________________________

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