



Bellevue School District FERPA Waiver for College Applications

Under the Family Educational Rights and Privacy Act (FERPA), you (your child) have/has the right to inspect and review your (child's) education records, including confidential letters and statements of recommendation regarding your (child's) post-secondary education applications. You may, however, waive this right of access to these confidential letters and/or statements of recommendation.

Why should you consider waiving your right of access? Waiving your right lets colleges know that you will never try to read your (child's) recommendations. That in turn reassures colleges that your recommenders have provided support that is candid and truthful. While you are free to respond as you wish, if you choose not to waive your right, BSD faculty recommenders may decline your request to write a recommendation letter or send a secondary school report. Should you decide to waive your right to access your (child's) confidential letters and/or statements of recommendation, you may revoke this waiver with respect to any actions occurring after the revocation. To ensure that you fully understand the implications of your decision, we urge you not to answer the waiver question until you have consulted with your counselor, another school official, or your parent/legal guardian.

Initial:

_____ I have fully read and understood the FERPA Release Authorization explanation above.

I authorize every school that I (my child) have/has attended to release all requested records and recommendations to colleges to which I am applying for admission. I also authorize employees at these colleges to confidentially contact my (my child's) current and former schools should they have questions about the information submitted on my behalf.

Please select one:

_____ I waive my right to review all recommendations and supporting documents submitted by me (my child) or on my (child's) behalf.

_____ I DO NOT waive my (child's) right to review all recommendations and supporting documents submitted by me (my child's) or on my (child's) behalf.

Initial:

_____ I understand that my (child's) waiver or no waiver selection above pertains to all colleges to which I (my child) apply/applies.

Student Name: _____

Signature: _____

Date: _____

If you are 18 or older, a parent signature is not required

Date of Birth: _____

Parent Name: _____

Parent Signature: _____

Date: _____

*Please return the completed form to the Counseling Center

This waiver is valid for one year.

Reviewed 8.31.2023