

**Manhasset Union Free School District  
Manhasset High School Guidance Department**

**\*MUST BE COMPLETED FOR NON-COMMON APPLICATION SCHOOLS\***

**Overview of Your Rights**

The Family Educational Rights and Privacy Act ("FERPA") gives each parent/guardian and eligible student the right to review the student's education records, including recommendation letters and teacher evaluations that are associated with college applications. However, since colleges and universities generally prefer that recommendation letters and teacher evaluations remain confidential, it is recommended that parents/guardians and students waive this right. All parents and students who request letters of recommendation should complete the FERPA Waiver Form as set forth below.

**Waiver of FERPA Rights of Access to Letters of Recommendation**

I, (student) \_\_\_\_\_, authorize every school that I have attended to release all requested records and recommendations to colleges to which I apply for admission. I also authorize employees at these colleges to confidentially contact my current and former schools should they have questions about the information submitted on my behalf. I understand that this waiver pertains to any college to which I apply, regardless of whether such college participates in "The Common Application."

I, (parent/guardian) \_\_\_\_\_, authorize every school that my child has attended to release all requested records and recommendations to colleges to which my child applies for admission. I also authorize employees at these colleges to confidentially contact my child's current and former schools should they have questions about the information submitted on my child's behalf. I understand that this waiver pertains to any college to which my child applies, regardless of whether such college participates in "The Common Application."

**Please select one:**

- A. \_\_\_\_\_ I ***waive*** my right to review any and all recommendation letters, evaluations and supporting documents that are associated with of the above-named student; or
- B. \_\_\_\_\_ I ***DO NOT waive*** my right to review any and all recommendation letters, evaluations and supporting documents that are associated with the above-named student.

**Please indicate school(s) below:**

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\_\_\_\_\_ Check here if you are applying to additional schools and add them to the back of this form.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## ADDITIONAL NON-COMMON APPLICATION SCHOOLS

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