Consent to Disclose FERPA-Protected Information in References   
and Letters of Recommendation  
Department of Economics  
Carleton College

I give members of the Carleton College Department of Economics (faculty and staff) permission to disclose information from my student records for the purpose of providing letters of recommendation and references to potential employers, grants, awards, honors, and/or graduate schools. I permit the disclosure of information from:

\_\_\_\_ all records

\_\_\_\_ individual course records

\_\_\_\_ transcript

\_\_\_\_ other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to the Administrative Assistant to the Department of Economics. I further understand that until this revocation is made, this Consent shall remain in effect and my educational records will continue to be provided to potential employers and graduate schools for the specific purpose described above.

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Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Waiver of Right to Inspect and Review Letters of Recommendation  
Department of Economics  
Carleton College

I waive the right to inspect and review letters of recommendation written by members of the Department of Economics (faculty and staff) for the purpose of my application for potential employment grants, awards, honors, and/or graduate school admission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date