Harding University
Student Reference Request and FERPA (Family Educational Rights & Privacy Act) Release

Request

Student Name (please print):_____

I request the Cannon - Clary College of Education at Harding University to serve as reference for me. The purpose(s) of the reference are: (*initial all selected purposes)*

_____application for employment
_____all forms of scholarship or honorary award
_____admission to another education institution

The reference may be given in the following form(s): (*initial one or both spaces)*
_____written _____oral

Authorization

I authorize the Cannon – Clary College of Education at Harding University to provide references, release information and education records, and provide an evaluation about any and all information from my education at Harding University and at other institutions I have previously attended which are part of my education records at Harding University. (*initial all applicable spaces*)

1._____all prospective employers OR_____specific employers (list on reverse side)

2._____all educational institutions to which I seek admission OR_____specific educational institutions (list on reverse side)

3._____all organizations considering me for an award or scholarship OR_____specific organizations (list on reverse side)

Release

I understand I have the right to consent to the release of my education records and I have a right to receive a copy of any written reference upon request. This consent shall remain in effect until revoked by me, in writing, and delivered to the Cannon – Clary College of Education at Harding University, Searcy, White County, Arkansas, but that any such revocation shall not affect disclosures previously made by Harding University prior to receipt of any such written revocation. I have reviewed the above information and understand this is the information to be released should my references be checked. In consideration and return for the Cannon - Clary College of Education issuing the information authorized under this authorization, I release the Cannon – Clary College of Education, Harding University and its governing board, employees and agents from any and all liabilities, claims and actions that may arise pursuant to this release, disclosure pursuant to this release, and any consequences of such disclosure. I understand that this authorization covers liability claims and actions caused entirely or in part by the acts or failures to act of the Cannon – Clary College of Education, Harding University or its governing board, employees or agents, including but not limited to negligence, mistake or failure or other conduct.

Student Signature_____ Date_____

Student S.S. No._____ Harding ID# _____

Form B