

BAYLOR UNIVERSITY

AGREEMENT FOR PRODUCTION OF LETTERS OF RECOMMENDATION AND ORAL RECOMMENDATIONS

I, _____, (“student”) request that any past, present and future faculty members, including those with administrative positions, of Baylor University, (“Faculty Members”) write letters of recommendation concerning any applications for employment which I might make and provide oral recommendations in response to inquiries from any prospective employer whether or not I have made application to such employer.

I understand that in the process of writing letters or making oral recommendations, Faculty Members may use any and all information about me, including, but not limited to, the following types information:

- 1.) Personal information about me that I have supplied to Faculty Members. This may include information I provide in written form to the Faculty Members or information obtained by the Faculty Members through various interactions with me such as office visits and academic advisement discussions.
- 2.) Information regarding my performance in class (es) taught by the Faculty Members. This may include, but is not limited to, my performance on exams, assignments, quizzes and other class work, along with perceptions gained from my attendance, participation and general activity in class.
- 3.) Information regarding my overall academic performance. This may include my GPA and other information about my overall academic performance obtained from my “student record” (as that term is defined in 20 USC 1232g).

By signing this agreement, I authorize the Faculty Members to access my student record for the purpose of obtaining my information the Faculty Members deem necessary to write letters of recommendation or to provide oral recommendations for me.

Date & Signature of Student _____

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COMPLETE AND SIGN ONLY ONE OF THE FOLLOWING STATEMENTS:

I, _____, hereby freely and expressively **WAIVE** any and all rights of access that may be granted to be by the Family Educational Rights and Privacy Act (20 USC 1232g) or otherwise to the recommendations provided by Faculty Members. I understand that this waiver is irrevocable, but that is limited to Faculty Members’ recommendations.

Date Signature

I, _____, hereby *retain* any and all rights of access that may be granted to me by the Family Educational Rights and Privacy Act (20 USC 1232g) or otherwise to the recommendations provided by the Faculty Members.

Date Signature



SCHOOL OF SOCIAL WORK

One Bear Place #97320 • Waco, Texas 76798-7320 • OFFICE: (254) 710-6400 • FAX: (254) 710-6455