

Biotechnology High School



Monmouth County Vocational School District

Excellence is in our DNA



5000 Kozloski Road | Freehold, NJ 07728 | P: 732.431.7208 | F: 732.431.1395 | www.bths.mcvsd.org

Letter of Recommendation Request Form

Letter 1

Student Name: _____

Teacher Name: _____

I hereby waive the right to view my letter of recommendation written by this faculty member and understand that I will not see any recommendations or evaluations submitted for me.

Student Signature: _____

Date: _____

Teacher Signature: _____

Date: _____

Letter 2

Student Name: _____

Teacher Name: _____

I hereby waive the right to view my letter of recommendation written by this faculty member and understand that I will not see any recommendations or evaluations submitted for me.

Student Signature: _____

Date: _____

Teacher Signature: _____

Date: _____

This form must be returned to your counselor's mailbox by Friday 5/27/16

(→ over)

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FERPA Agreement

The questions you will see below relate to your educational records. The first pertains to the transmission of your educational records from your secondary school(s) to the colleges to which you are applying. The second concerns your right of access to confidential letters of recommendation. Under the terms of the Family Educational Rights and Privacy Act (FERPA), you can review recommendations and accompanying forms if you are age 18 or older or upon enrollment at a postsecondary institution provided that institution saves the documents. You may, however, waive this right of access altogether.

Why should you consider waiving your right of access? Waiving your right lets colleges know that you will never try to read your 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, some recommenders may decline your request, and some colleges may disregard recommendations submitted on your behalf.

After you make your selection about whether you want to waive your right of access, you will not be able to change your waiver selection. 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.

I authorize every school that I have 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 current and former schools should they have questions about the information submitted on my behalf.

Please indicate your selection:

_____ I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

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

I have fully read and understood the FERPA Release explanation above. I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections cannot be changed once I invite my first recommender.

Student's Name (Print): _____

Student Signature

Date

Parent/Guardian Signature

Date