



**STUDENT AUTHORIZATION AND WAIVER FOR RELEASE OF EDUCATIONAL RECORDS
FOR RECOMMENDATIONS**

I authorize Chapman University school officials to release, or otherwise allow for the inspection, copying or other disclosure, including discussion of, any and all education records to or with (enter the name of the person and/or entity) _____ for the purpose of providing a recommendation to an educational institution, employer or other third party.

This authorization does not permit disclosure of these records to any other persons or entities without my written consent unless specifically allowed under the Family Educational Rights and Privacy Act. I understand I may revoke this authorization at any time by a subsequent signed writing.

Further, I hereby release Chapman University, its employees, officers or agents, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family and associates because of compliance with this authorization and consent to release information, or any attempt to comply with it

A photocopy or facsimile of this authorization and release will be valid as an original hereof, even though the said photocopy or facsimile does not contain my original signature.

Student's Printed Name

Date

Student's Signature

Student ID number

Copy must be provided to the Office of the Registrar. Please email completed forms to regforms@chapman.edu for processing.