REFERENCE RELEASE FORM

Pursuant to the *Family Educational Rights and Privacy Act (FERPA)*, I, the undersigned individual consent for _____ (print name) to release the information listed below to the individual(s) listed on this form.

Section A: Purpose of the reference letter

Please list the name or type of internship, scholarship, job position, etc. in the space below

☐ Internship: _____

☐ Scholarship: _____

☐ Job/Position: _____

☐ Residency: _____

☐ Other: _____

Section B: Contact information for individual(s) receiving the reference letter

Please list the full name of the person to receive the letter of recommendation, the name and address (if applicable) of the organization, and how the letter of recommendation should be sent to the individual.
If needed, an additional page of names and contact information may be added.

1. Name and Title: _____
    Organization: _____   Address: _____
    Email: _____   Phone: _____   Fax: _____
    How should the letter of recommendation be sent: ☐ Email ☐ Fax ☐ Mail ☐ Other: _____

2. Name and Title: _____
    Organization: _____   Address: _____
    Email: _____   Phone: _____   Fax: _____
    How should the letter of recommendation be sent: ☐ Email ☐ Fax ☐ Mail ☐ Other: _____

Section C: Items that may be included in the letter of reference (Check *all* that apply)

☐ Academic information, such as date of program entry, current academic year, expected graduation date

☐ Academic information such as GPA, grade(s) in a specific course, class rank, and academic awards/honors

☐ Participation and performance on IPPE, APPE, or coursework within the PharmD program

☐ Participation and performance in student organizations and college/university-related events

☐ Personal and professional attributes

☐ Academic standing within the college and/or university

☐ Behavioral standing within the college and/or university

☐ Other: _____

Section D: Due date for the letter of reference: _____

Section E: Right to review the reference letter (Check one)

☐ I waive the right to review the letter(s) OR ☐ I do <u>not</u> waive the right to review the letter(s)

Section F: Signatures

Signature	Name (Print)	Date