

**RECOMMENDATION REQUEST FORM  
(FERPA RELEASE)**

**To the Doctoral Degree (Ed.D.) Applicant:**

**Important:** You must initial on line #3 below **and sign** this form to waive your FERPA rights. **In addition, after signing this form, you must forward this form to the writer of your recommendation.**

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
(PLEASE PRINT)

Signature \_\_\_\_\_

Email Address \_\_\_\_\_

1. FERPA grants applicants the right to review their educational records, which includes letters written on their behalf. If you wish to waive your FERPA rights (**Waiver of Rights to Access**), please check the box below and sign in the space indicated. **If you do not check the box or sign the form in the space provided**, your letter writer and the Academy will assume that you have **not waived** your FERPA rights to read this letter.
2. **FERPA** does not give you the right to acquire copies of your letters of recommendations or letters of recommendation forms. FERPA only gives you the right to view your letters of recommendation (**on site only**).
3. \_\_\_\_\_ (initial here) I hereby waive my right (**Waiver of Rights to Access**), under the Family Educational Rights and Privacy Act of 1974.

**To the Letter of Recommendation Writer:**

• Please write your recommendation on letterhead or complete the letter of recommendation form, which may be obtained at: <http://assets.ussa.edu/files/documents/forms/doc-recommendation.pdf>. Attach this form and the recommendation and mail or fax the information to:

**United States Sports Academy, One Academy Drive, Daphne, Alabama 36526  
Fax Number: (251) 625-1035 Attention: Graduate Admissions**

• If # 3 above has been left blank, the applicant will maintain the FERPA right to view your letter. If the applicant indicates the choice to waive, he or she will **not** have access to the letter of recommendation.

For security reasons, please do not send either this form or your recommendation as email attachments.

**Important:** Please sign this form, indicating that you are aware that the student waived or did not waive FERPA access to your letter of recommendation.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(PLEASE PRINT)

Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_