

CONSENT FOR RELEASE OF REFERENCES AND EDUCATIONAL RECORDS

As a service to graduates, most divisions or programs maintain a Credentials File for each student who wishes to use this service. A Credentials File consists of **references and a resume (optional)**. Each program sets its own policies concerning the service, but generally, because of space limitations, each student's file is typically limited to three references at any one time.

To comply with the Family Education Rights & Privacy Act of 1974, a signed Consent Form is required if you wish to use this service and make appropriate information available to prospective employers and/or graduate programs. Faculty frequently receive calls and letters requesting information about a student's academic or clinical performance, but without a consent form on file, no information can be released unless you make a request in writing each time. This may delay an employer or graduate program from making a positive decision on your behalf.

You may deny release of your records on the same form if you wish to handle each request separately. And, you may revoke your release at any time by filing the denial portion and asking that the new form REPLACE the previous one you had filed.

Recommendation Forms

- Any references included in your credentials file must be accompanied by a recommendation form. The reference itself may be typed directly on the form, or the reference may be submitted with the form attached.
- References should be professional in content, and should be from faculty, clinical supervisors, and employers—not academic advisers or classmates.
- A typed personal resume may be included with your reference letters if you wish.
- Duplicates of these materials are sent to prospective employers or educational institutions upon the student's request.
- Students may add and delete references at any time to accommodate changes in employment and/or educational qualifications. Each division or program sets its own review and retention schedule. Most divisions will review reference files once a year (in Summer) and purge those files which have had no activity for the past five years.

Waiver of Right of Access to Letter(s) of Recommendation

The Recommendation form contains a statement which you are free to sign or not sign, as you see fit. **Signing the waiver guarantees to the recommender that you WILL NOT SEE WHAT THEY WRITE.** You are also free to leave that line blank which preserves your right to see what has been written about you. If you decide not to sign the waiver form, it will in NO WAY adversely affect your ability to use the credentials service or reflect negatively on you or your professional ability.

Please give the waiver some thought. We also recommend that you discuss this with those you ask to write recommendations on your behalf. Some people feel comfortable letting you see anything and everything they write about you. Others do not. It's a personal decision, so do not sign these forms without seriously considering the ramifications of your signature. **Once you have signed a waiver, and the person has submitted their reference, you will NOT be permitted see it.**

Each reference requires a separate form, so it's possible to waive your right to see what one reference has written about you, but not waive your right for another. Signing the waiver DOES NOT take away your right to know WHO has submitted a recommendation on your behalf. Also, the recommendations may be used ONLY for admission to academic programs, employment, or the receipt of Honors if a particular honor requires such a reference.

CONSENT TO RELEASE EDUCATIONAL RECORDS

Pursuant to the Family Educational Rights & Privacy Act of 1974, as amended, I hereby authorize The Ohio State University, School of Allied Medical Professions, _____ Division/Program, to release educational information and records pertaining to me and held in the School files for the purpose of providing any and all potential employers with such information as may be necessary for that potential employer to make judgments regarding my employability.

I understand that if an official transcript is needed, I must independently request it from the Office of the University Registrar.

- The above applies to:
- _____ Credentials file containing references
 - _____ Requests to divisions from professional organizations or potential employers for academic/clinical information
 - _____ Both of the above

Signature _____

Name _____
(Print/Type)

Date Signed _____

Does this form replace a form previous filed? ____ Yes ____ No

DENIAL OF RELEASE OF EDUCATIONAL RECORDS

I **do not** authorize the School or any of its programs or divisions to release **any** records or information pertaining to my education to **any** persons or institutions except for requests for verification of education from state licensing or certification boards. I understand that I may request an official transcript from the Office of the University Registrar for my own use or distribution.

- The above applies to:
- _____ Credentials file containing references
 - _____ Requests to divisions from professional organizations or potential employers for academic/clinical information
 - _____ Both of the above

Signature _____

Name _____
(Print/Type)

Date Signed _____

Does this form replace a form previous filed? ____ Yes ____ No

Return the completed form to your division or program office.