

University of Pittsburgh
Department of Occupational Therapy
STUDENT WAIVER FOR FACULTY/STAFF REFERENCE

I, _____ [*print student's name*], hereby authorize

_____ [*print name of faculty member*] of the University

of Pittsburgh to release my educational record information for the purpose of providing a written and/or oral reference to the following: [check all that apply]

- Any and all entities related to potential employment (i.e., employers, licensing board, etc.)
- Any and all scholarship and award opportunities
- Specific recipient(s): _____

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the person(s)/organization(s) specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.

I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by sending a written revocation of this authorization to the University of Pittsburgh's Department of Occupational Therapy.

I understand that any revocation of authority hereunder would only govern subsequent releases and only be valid from the time of the University of Pittsburgh's actual receipt of a written notice.

[*date*]

[*student signature*]