



University of Missouri-Kansas City  
 School of Pharmacy  
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## Reference Release Form

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, the University requires written authorization from a student to release personally identifiable information, other than specified Directory Information. Therefore, I grant permission to

\_\_\_\_\_, an employee of the University of Missouri-Kansas City, to provide or discuss the information checked below for me to the following person/agency at this mailing address (**PLEASE PRINT**):

_____	_____
_____	_____ Please mail to this address
_____	_____ I will pick up
_____	_____ Please E-mail or Fax to:
_____	_____

Reason for reference (check **all** relevant items):

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Job       | <input type="checkbox"/> Scholarship                   |
| <input type="checkbox"/> Residency | <input type="checkbox"/> Other (please specify): _____ |

I give permission for the following information to be included in the reference (check **all** relevant items):

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Standard full time letter</b>       | <input type="checkbox"/> Degree progress/graduation info |
| <input type="checkbox"/> Clinical performance                   | <input type="checkbox"/> Dates of Attendance             |
| <input type="checkbox"/> Professional attributes                | <input type="checkbox"/> Degree program(s)               |
| <input type="checkbox"/> Personal attributes                    | <input type="checkbox"/> Academic Standing               |
| <input type="checkbox"/> Letter stating I am a pharmacy student | <input type="checkbox"/> Behavioral Standing             |
| <input type="checkbox"/> Course grades                          |  |

The reference is needed by this date: \_\_\_\_\_

- I waive the right to review this reference letter.  
 I do not waive the right to review this reference letter.

I understand that granting this permission is voluntary. I may rescind this release at any time by giving written notice to the UMKC employee named above. I release UMKC, its employees and the person(s) providing the above described reference or evaluation from all claims and liability for damages that may result from their compliance with this request.

\_\_\_\_\_  
 Student's Printed Full Name & Student ID#                      Student's Signature                      Date Signed

This form must be signed & dated by the student to be valid. The UMKC employee releasing information must keep the release on file.