ILLINOIS STATE UNIVERSITY
Mennonite College of Nursing

FERPA Waiver – Letter of Recommendation

I give permission to the following faculty members at Mennonite College of Nursing

_____
_____
_____

to write a letter of recommendation on my behalf that includes my grades, GPA, and class rank to the following (include hospital agency, contact person, and full address):

_____ _____
_____ _____
_____ _____
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_____ _____

_____I waive my right to review a copy of this letter any time in the future.
_____I do NOT waive my right to review a copy of this letter any time in the future.

Student Name: _____ UID#_____

Student Signature Date

☐ The student needs to forward the signed FERPA form to mcninfo@ilstu.edu (or fax it to 309-438-7711) to the MCN Office of Student Services. OSS will put a copy in the student's file and send the original FERPA form to the Registrar's Office.