



# Zane State College Foundation Student Recommendation Form

## Student Section

Please complete the following information before giving this form to a faculty member, advisor, or other person who is familiar with your academic and personal background.

**FERPA Release** - In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize \_\_\_\_\_ (name of recommender) to reference the following educational records and information: work habits and initiative, class attendance, intellectual and technological abilities, leadership, accomplishments, employment experience, and financial need; and release the information to the Zane State College Foundation, 1555 Newark Road, Zanesville, OH 43701, for the purpose of providing a recommendation for a scholarship award.

I understand further that:

- 1) I have the right not to consent to the release of my education records;
- 2) I have the right to receive a copy of such records upon written request; and
- 3) this consent shall remain in effect until revoked by me, in writing, and delivered to Zane State College, but that any such revocation shall not affect disclosures previously made by Zane State College prior to the receipt of any such written revocation.

Please check one:

- I waive my right to review a copy of this letter.
- I do not waive my right to review a copy of this letter

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Zane State College ID# (if known)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

## Person Making Recommendation

The above student is applying for a Zane State College Foundation scholarship award. Your candid appraisal will assist in the evaluation of this student. If the student does not waive his/her right to review a copy of this form, you are responsible for providing the student with a copy. ***Please complete the reverse side and return this form to the Foundation Office no later than June 1.***

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**Please rate the applicant and/or comment as appropriate on the following:**  
**Rating Scale   4 – Excellent   3 – Above average   2 – Average   1 – Below average**

<b>Area and Rating</b>	<b>Comments</b>
Work habits and initiative  Rating _____	
Class attendance  Rating _____	
Intellectual and technological abilities  Rating _____	
Leadership (in or out of the classroom)  Rating _____	
Length of relationship with applicant	
Accomplishments, employment experience, or other information  Rating _____	
Additional comments	