Letter of Recommendation for

This form must be typed

Reference Name ________________________________________Signature ________________________________________________

Position/Title __________________________________________ Employer _____________________________________________

Telephone __________________________ E-mail __________________________________________ Date ___________________

Under the provisions of the Family Education Rights and Privacy Act (FERPA), you cannot be denied access to your education records unless you waive this right. Please indicate your decision by checking one of the following options:

_____ I retain my right of access to this letter OR _____ I waive my right of access to this letter (once waived, we cannot grant you access to this letter.)

I fully understand the statements above and give Career Services permission to send this letter when so requested.

Candidate’s Signature _________________________________________________________________ Date ___________________