



## RECOMMENDATION FORM

WAIVER

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive the right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the persons from whom they request recommendations, may wish to preserve the confidentiality of those recommendations, we are giving you an opportunity to sign one of the following statements.

**I waive my right** to access this report       **I do not waive my right** to access this report

RECOMMENDER INFORMATION

Signature		Name (please print)		Date
Prefix	First Name	Last Name		
Organization		Position/Title	Relationship	
Telephone		Email		
Street Address				
City		State	Postal Code	

STUDENT INFORMATION

**How long have you known the student, and in what context?**

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**What subject did you teach this student?**

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**List all courses that you have taught this student, including the level of course difficulty (AP, IB, honors, etc.)**

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**In which grade level(s) was the student enrolled when you taught him/her?**

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	No Basis	Below Average	Average	Above Average	Well Above Average	Top 10%	Top 5%	Top 1%
Academic Achievement								
Intellectual Promise								
Writing								
Creativity								
Class Discussion								
Faculty Respect								
Work Habits								
Maturity								
Motivation								
Leadership								
Integrity								
Resilience								
Collaborative								
Self-confidence								
Initiative								
Overall Rating								

**I recommend this student:**

No Basis
  With Reservation
  Fairly Strongly
  Strongly
  Enthusiastically

**Letter of Recommendation**

Please provide additional comments about this student, including any academic and personal characteristics. Alternatively, you may attach a reference written by another school official who is better able to describe the student.

**Signature**

Signature

Name (please print)

Date