



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?

What subject did you teach this student?

List all courses that you have taught this student
