

RECOMMENDATION

LAWRENCE UNIVERSITY CAREER CENTER 711 E. BOLDT WAY, SPC 21 APPLETON, WI 54911

To be completed by candidate:

Candidate's Name _____ Date of Graduation _____

The Family Education Rights and Privacy Act of 1974 specifies that candidates have the right of access to recommendations written after January 1, 1975, unless they choose to waive this right. Prior to submitting this form to the writer, you must indicate below if you wish to waive the right of access to this letter.

Candidate's Waiver: I have requested a confidential recommendation and show by my signature that I waive my right of access to this recommendation.

Signature _____

To the recommender:

The person named above has requested a recommendation from you. Please use the space below to type a concise statement about the candidate. You may also attach your letter to this form. Be sure to complete the bottom of this form, including your signature. Please note that if the candidate has not signed the above waiver, he/she will have the right to read this recommendation.

To be completed by recommender:

Name/Title of recommender _____

Department _____ Organization _____

Address _____

Signature _____ Date _____