Waiver Form for Faculty Letters of Recommendation

TO: __________________________________________________________

RE: Letters of Recommendation

In order for our students and alumni to apply to professional schools or to search for employment, letters of recommendation are usually necessary. You have been selected by the individual named below to write a candid statement discussing such factors as the candidate’s performance, scholarship, personal qualities (initiative, dependability, maturity, enthusiasm, tact, judgment, etc.) and potential for growth.

To comply with the Commonwealth of Pennsylvania’s “Right to Know” law, and the Federal Family Educational Rights and Privacy Act of 1974, this letter will be available for review by the candidates unless he/she has waived his/her rights of access to recommendations.

Please use department letterhead for all letters of recommendation and mail to the Career Center along with this form.

I understand that the below named person ____has____ has not waived his or her right to see this letter.

________________________________________
Signature of Recommender

To be completed by Candidate

Name __________________________________________________________

Class Year__________
requests that you complete the following recommendation on his/her behalf. Prospective employers or representatives of graduate institutions may review this recommendation.

Candidate’s Authorization:

____ I waive my right of access to this recommendation (i.e. I may NOT review the letter.) and confidential statements which are contained in, or are a part of my education records in the possession of or used by the Career Center, its director and staff. This waiver, which I understand I am not obligated to sign, can only be revoked in writing and only with respect to confidential statements and recommendations placed in my files subsequent to written revocation.

____ I do not waive my right of access to this recommendation (i.e. I may review the letter.)

________________________________________   ____________
Signature of Candidate                      Date

(Rev. 12/10)