

## Waiver Form for Faculty Letters of Recommendation

Dickinson College  
Career Center  
P.O. Box 1773 Carlisle, PA 17013  
(717)245-1740 Fax: (717)245-1618

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

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### 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