

REFERENCE CONFIDENTIALITY FORM

To the applicant: Please complete the following:

Name: _____

The applicant should sign and date only one of the following statements:

1) I wish to have access to this letter, and I understand that under the Family Education Rights to Privacy Act of 1974.20 U.S.C.A. Par 1323g (a) (1) and P.S. 397 of 1978 I have the right to read this recommendation.

Applicant's Signature _____ Date _____

2) I wish this letter to be confidential, and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____

Instructions:

Student: Give each person who has agreed to complete a reference the Recommendation Form and a copy of this form with an original signature. Please indicate your preference for reference confidentiality by signing and dating either 1 or 2 above.

References: Please complete the Recommendation Form. Place the completed Recommendation Form and this signed Reference Confidentiality Form in a sealed envelope with your signature over the seal. Return the sealed envelope to the student who will submit it with the application material.