

LETTER OF RECOMMENDATION

EARLHAM SCHOOL OF RELIGION

A. TO THE APPLICANT

This form should be given to one of the three persons you have listed as references on page two of this application. For the convenience of the person completing the form you should include a stamped envelope addressed to: Director of Admissions, Earlham School of Religion, 228 College Avenue, Richmond, Indiana 47374.

Your name _____

Address _____ City _____

State _____ Zip Code _____ Phone (____) _____

Name of the person who will complete this form _____

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation.

Please indicate your wishes by signing one of the two statements below.

I hereby WAIVE my right of access to this recommendation.

(your signature) (date)

I hereby DO NOT WAIVE my right of access to this recommendation.

(your signature) (date)

B. TO THE PERSON NAMED AS REFERENCE

In the space below and on the other side please give your candid estimate of the applicant's ability, character, emotional stability, interests and future promise as a leader. Your evaluation of the student's chief strengths and weaknesses, both academically and personally will be particularly welcome. Please note that if the above waiver is not signed, this recommendation will be available for the applicant's examination should he or she enroll in the Earlham School of Religion. In order not to delay the applicant's admission, your letter should be sent as promptly as possible to Director of Admissions, Earlham School of Religion, 228 College Avenue, Richmond, Indiana 47374.

Signature of Reference _____ Title _____

Institution _____ Date _____

Note: Please print multiple copies of this page and distribute to those persons supplying references.