

## RECOMMENDATION FORM

Candidate Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

*To the letter writer: Complete the following information  
and return the letter to the Credential File Office*

Under the provisions of the Family Educational Rights and  
Privacy Act,

I waive my right of access to this letter (confidential)

I retain my right of access to this letter (non-confidential)

Signature: \_\_\_\_\_

I, the letter writer, submit this statement to SUNY Cortland Credentials Service in full acknowledgment of the candidate's choice of access indicated above.

Signature, letter writer \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_