

Please complete the reference letter on official (school) letterhead and attach it to this form. This reference is non-confidential. The candidate will have access to completed reference forms.

The form should be returned to:

Nyack College Education Office 1 South Boulevard Nyack, New York 10960

or

Nyack College Education Office 2 Washington Street New York, NY 1004

REFERENCE FOR
YOUR NAME
GRADE LEVEL
SCHOOL NAME
SCHOOL ADDRESS
CITY, STATE, ZIP
PHONE NUMBER ()
I certify that the attached comments regarding the student teacher/intern under my care are fair and accurate.
SIGNATURE DATE