

CONNECTICUT COLLEGE LETTER OF RECOMMENDATION REQUEST FORM

Under the **Family Educational Rights and Privacy Act of 1974**, in order for any letter of recommendation to be considered confidential, the person requesting the letter must waive his/her rights to see the letter. This recommendation request form is used to indicate to the letter writers, receiving institutions and letter managing service personnel, whether the attached letter is confidential or non-confidential.

Note to letter writer: At the request of certain graduate programs/employers, this recommendation may be released to the student or alumnus/a in a sealed envelope to include with their application. In certain circumstances when a recommendation file contains a collection of recommendations each focused on different skill sets or areas of expertise, or if they are targeted to a variety of program/organization types, a professional staff member from the Office of Career & Professional Development may review the confidential letters in the file in order to compile recommendation packets that best support the candidate's applications. Under no circumstances will the content or quality of the letter be revealed to the file holder. A Career Adviser will merely recommend which letters would be most effective as part of the recommendation packet. If you prefer that your letter not be subject to this review, you may submit the recommendation directly to the receiving institution/organization or letter managing service. Please discuss these options with the person requesting the letter in order to secure the cover pages and addresses of the receiving organizations.

Directions: Complete the form below and submit this entire page to recommender for his/her signature. Direct recommender to return this page and your letter to:

*Office of Career & Professional Development
Connecticut College, 270 Mohegan Avenue, New London, CT 06320
Fax: 860.439.2280, Phone: 860.439.2770*



CONNECTICUT COLLEGE

Your name _____ **Class** _____

In accordance with the Family Educational Rights and Privacy Act of 1974:

_____ I request that a confidential letter of recommendation be written. I waive all rights of access to its contents.

Signature: _____

In accordance with the Family Educational Rights and Privacy Act of 1974:

_____ I request that a non-confidential letter of recommendation be written. I understand that I may access the contents of this letter.

Signature: _____

Recommender's name (printed): _____

Title: _____ **Department/Organization:** _____

Address: _____

Recommender only: My signature below indicates that I understand I am writing a:

_____ confidential letter _____ non-confidential letter

Recommender's signature: _____ **Date:** _____